A. CARLISLE & CO.

MANUFACTURING
& IMPORTING

STATIONERS

No. 48465

417 Montgomery St. SAN FRANCISCO.

FOR A DUPLICATE OF THIS JOB SEND THE ABOVE NUMBER.

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Ahearn, Florence Alice	10	9	Female	Grass Valley Mar. 18, 1893	1st Jan. 9th 1904	1st by Sarah Ahearn
(2)	Ahearn, Albert	7	9	Male	" " Mar. 16, 1896	2nd " " "	2nd " George F. Bennetts
(3)	Ahearn, Marguerite	5	8	Female	" " May 16. 1898	3rd " " "	3rd " Sidney J. Reard
(4)						4th	4th " C. Lemby Jr.
(5)						Date Aid Discontinued Florence Ahearn	
(6)					Discontinued April 5, 1910		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~are~~ orphan, half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such child ~~are~~?	Albert and Sarah Ahearn	Jan 13, 1905, renewed for $15.00 per mo.
4.	Has said child any estate, or heir to any estate?	None.	Jan 5, 1906 - renewed for $10 per mo.
5.	Describe the estate, its location and value, including life insurance.	None.	July 5, 1906 - reduced to $8.00 per mo
6.	When and where did the parents of said child ~~are~~ die?	Albert Ahearn died at San Francisco, Nov 9. 1900.	Jan 11, 1908, renewed for $8.00 per mo
7.	Where were said parents born.	California	" 9, 1909 " " $8.00 per mo.
8.	When were said parents married?	Nevada Co. Jan 25, 1892	" 8 1910 " " $8.00 " "
9.	When did the parents come to California, and to this county?	Born here	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Sarah Ahearn, Grass Valley	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no finances and no income, but what work for.	
13.	Who has charge and control of said children at the present time?	Sarah Ahearn	
14.	How much aid is necessary and how long will they require it?	Can not state the time I will require assistance.	

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Apr.	9		45 -	45 -	442	C. J. Miller
Feb.						
Mar.						
April						
May						
June						
July	9		45	45 -	718	C. J. Miller
Aug.						
Sept.						
Oct.	5		45 -	45	1003	C. J. Miller
Nov.						
Dec.						
Total			135 -	135 -		

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45 -	45 -	191	C. J. Miller
Feb.						
Mar.						
Apr.	4		45 -	45 -	381	C. J. Miller
May						
June						
July	7		45 -	45 -	659	C. J. Miller
Aug.						
Sept.						
Oct.	3		45 -	45 -	919	C. J. Miller
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		45 -	45 -	206	C. J. Miller
~~Feb.~~ April	3		30	30 -	447	C. J. Miller
~~Mar.~~ June	5		30 -	30 -	680	C. J. Miller
~~April~~ Oct. 1907	3		24 -	24 -	901	C. J. Miller
May Jan. 10	8		24 -	24 -	22	C. J. Miller
June April	4		24 -	24	415	Frank Stuck
July	3		24 -	24 -	614	C. J. Miller
~~Aug.~~ Oct 1908	7		24 -	24 -	728	C. J. Miller
~~Sept.~~ Jan	6		24 -	24 -	29	C. J. Miller
Oct. April	7.		24 -	24 -	290	C. J. Miller
~~Nov.~~ July	6		24 -	24 -	544	C. J. Miller
~~Dec.~~ Oct	7		24 -	24 -	906	C. J. Miller
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. 4	1909		24 00	24 00	9	C. J. Miller
~~Feb.~~ Apr	6		24 00	24 00	399	C. J. Miller
~~Mar.~~ July	6		24 00	24 00	513	C. J. Miller
Apr Oct	5		24 00	24 00	831	" " "
May Jan	3		24 -	24 -	20	" "
June Apr	5		24 -	24 -	331	" "
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

2

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Andrews, Mabel	12	3	Female	Michigan Oct. 12 1891.	1st Jan 9. 1904	1st by Prudence Andrews
(2)	Andrews, Guy.	10	4	Male	" Sept 6, 1893.	2nd " " "	2nd " D. S. Collins
(3)						3rd	3rd " W H Smith
(4)						4th	4th " Richard Williams
(5)					Discontinued July 5, 1906	Date Aid Discontinued	
(6)							

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Jan. 13, 1905, renewed for $5.00 per mo.
3. What are the names of the parents of such child, ~~are~~ ?	Joseph and Prudence Andrews	Jan 5, 1906, renewed for $5 per mo
4. Has said child any estate, or heir to any estate?	None	
5. Describe the estate, its location and value, including life insurance.	None.	
6. When and where did the parents of said child ~~are~~ die?	Father, June 16, 1903. Grass Valley.	
7. Where were said parents born.	Father Canada, Mother Canada	
8. When were said parents married?	Mar 10. 1884.	
9. When did the parents come to California, and to this county?	Father 1894. Mother 1894	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Mother. Grass Valley Calif.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent. No Support.	
13. Who has charge and control of said child ~~are~~ at the present time?	Mother	
14. How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15-	15-	454	C J Miller
May						
June						
July	9		15-	15-	719	C J Miller
Aug.						
Sept.						
Oct.	5		15-	15-	1008	C J Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15-	15-	192	C J Miller
Feb.						
Mar.						
Apr.	4		15-	15-	354	C J Miller
May						
June						
July	7		15-	15-	660	C J Miller
Aug.						
Sept.						
Oct.	3		15-	15-	918	C J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15-	15-	285	C J Miller
~~Feb.~~ Apr	3		15-	15-	431	C J Miller
~~Mar.~~ July	5		15-	15-	681	C J Miller.
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Bennetts, Richard	12	10	Male	Nevada City, Feb. 8. 1891	1st Jan 9. 1904.	1st by Mary Bennetts.
(2)						2nd	2nd " Thos H Waters.
(3)						3rd	3rd " H. R. Walker.
(4)	Discontinued January 1st 1905					4th	4th " H. J. Wright.
(5)						Date Aid Discontinued	Jan 1st 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan.	
3.	What are the names of the parents of such child ?	Thomas and Mary Bennetts	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Father Nevada City Aug 6. 1894	
7.	Where were said parents born.	Father England, Mother Dutch Flat Cal.	
8.	When were said parents married?	June 24. 1879.	
9.	When did the parents come to California, and to this county?	Father abt 1873	
10.	Relation of applicant to child	Mother.	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada City Calif	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent. No Support.	
13.	Who has charge and control of said child at the present time?	Mary Bennetts	
14.	How much aid is necessary and how long will require it?	Full amount. Full Time	

REFERENCES:

ORDER	190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		15 -	15 -	471	Mary Bennett.
	May						
	June						
	July	9		15 -	15 -	739	Mary Bennetts
	Aug.						
	Sept.						
	Oct.	5		15 -	15 -	1089	Mary Bennetts
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	217	Mary Bennetts
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Bishop, Emma died	11	1	Female	Nevada Co. Cal Jan 1893	1st Jan. 9. 1904.	1st by Sarah L. Fairbanks
(2)	Fairbanks, Annie	4	8	Female	Nevada Co. Cal. May 3rd 1899.	2nd " " "	2nd " W. D. Harris
(3)	Fairbanks, Henry	2	8	Male	Nevada Co Cal. May 8th 1901	3rd " " "	3rd " Thos J Michell
(4)	Fairbanks, William	1	6	Male	Nevada Co Cal. July 9th 1902	4th " " "	4th " E R Abrahams.
(5)	Fairbanks, Allen died		5	Male	Nevada Co Cal. aug. 1903	Date Aid Discontinued	after April 1, 1904
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans.	
3.	What are the names of the parents of such child ?	John Bishop father of Emma Bishop. Henry Fairbanks father of other Children. Sarah L. Bishop, mother.	
4.	Has said child any estate, or heir to any estate?	None.	January 13th 1905, renewed for $15.00 per mo.
5.	Describe the estate, its location and value, including life insurance.	None.	January 5, 1906 renewed for $15.00 per mo.
6.	When and where did the parents of said child die?	John Bishop died Grass Valley, March, 1894. Henry Fairbanks died Grass Valley Jan. 19. 1903.	Removed Jan 10, 1906 for $12 per mo.
7.	Where were said parents born.	John Bishop born England. Henry Fairbanks Mass. and Sarah E. Fairbanks. Cal.	Removed Jan 11, 1908 for $12 per mo.
8.	When were said parents married?	John Bishop and Sarah E. Stocks. married June 1889. Nev Co. Henry Fairbanks and Sarah E. Bishop. married Oct. 1897 in Nev Co.	" Jan 8, 1909 " $12 per mo.
9.	When did the parents come to California, and to this county?	John Bishop 1874. Henry Fairbanks 1894.	" " 8th 1910 " $12 per mo.
10.	Relation of applicant to child	Mother.	" " 7th, 1911 " $12 per mo.
11.	Are either or both of said parents living? If so give place of residence.	Sarah E. Fairbanks. Grass Valley. Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Cash in Bank $250.00 Small Homestead Valued $500.00	
13.	Who has charge and control of said child at the present time?	Sarah L Fairbanks	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		45 -	45 -	460	C J Miller
May				1911		
June Act	4		36 00	36 00	990	C. J. Miller ✓
July Jan 1912	2		36 00	36 00	70	" " ✓
Aug Apr	1		36 00	36 00	456	" " ✓
Sept July	2		36 00	36 00	787	" " ✓
Oct.						
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.	4		45 -	45 -	357	C J Miller
May						
June						
July	7		45 -	45 -	661	C J Miller
Aug.						
Sept.						
Oct.	3		45 -	45 -	914	C J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		45 -	45 -	209	C J Miller
Feb. Apr	3		45 -	45 -	432	C J Miller
Mar. July	5		45 -	45 -	682	C J Miller
April Oct, 1907	3		45 -	45 -	902	C J Miller
May Jan	8		45 -	45 -	21	C J Miller
June Apr	4		36 -	36	414	C. J. Miller
July	3		36 -	36 -	615	C. J. Miller
Aug. Oct	7		36 -	36 -	731	C. J. Miller
Sept. Jan	6		36 -	36 -	23	C. J. Miller
Oct. Apr	1		36 -	36 -	291	C. J. Miller
Nov. July	6		36 -	36	560	C. J. Miller
Dec.						
Total						

1907	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct	7		36 00	36 00	907	C. J. Miller ✓
Feb. Jan	4		36 00	36 00	10	C. J. Miller ✓
Mar. Apr	6		36 00	36 00	398	C. J. Miller ✓
Apr. July	6		36 -	36 -	512	" " ✓
May Oct	5		36 -	36 -	817	" " ✓
June Jan	3		36 -	36 -	21	" " ✓
July Apr	5		36 -	36 -	330	" " ✓
Aug. July	6		36 -	36 -	536	" " ✓
Sept. Oct	4		36 00	36 00	874	" " ✓
Oct. Jan	3		36 -	36 -	9	" " ✓
Nov. Apr	3		36 -	36 -	332	" " ✓
Dec. July	6		36 -	36 -	761	" " ✓
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

	1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Brinskill, Frances	12	9	Female	Nevada Co. Apr. 26 1891.	1st June 4th 1904	1st by Mrs Susan Brinskill
(2)	Brinskill, Alecia	8	4	Female	Nevada Co. Sept. 26 1895	2nd " " "	2nd " C. H. Eddy.
(3)						3rd	3rd " J. Schuler.
(4)						4th	4th " Thomas M. Sharp.
(5)	Discontinued				July 5, 1906	Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan.	Renewed Jan. 7, 1905, for $5.00 per mo
3.	What are the names of the parents of such child ?	John and Susan Brinskill.	Renewed Jan 5, 1906 for $5.00 per mo
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Father, Nevada City Apr. 20 "01.	
7.	Where were said parents born.	Father, Washington Nevada Co. Mother, Washington Nevada Co.	
8.	When were said parents married?	1888.	
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Grass Valley, Calif	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Nothing and no support.	
13.	Who has charge and control of said child at the present time?	Susan Brinskill	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15-	15-	441	C.J. Miller
May						
June						
July	9		15-	15-	722	C.J. Miller
Aug.						
Sept.						
Oct.	5		15-	15-	1006	C.J. Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15-	15-	194	C.J. Miller
Feb.						
Mar.						
Apr.	4		15-	15-	356	C.J. Miller
May						
June						
July	7		15-	15-	662	C.J. Miller
Aug.						
Sept.						
Oct.	3		15-	15-	916	C.J. Miller.
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15-	15-	208	C.J. Miller
apr Feb.	3		15-	15-	433	C.J. Miller
Mar. July	5		15-	15-	707	C.J. Miller.
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

6

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Campbell, Lulu, Marie	9	8	Girl	Marysville Cal. May 25, 1894	1st Jan 8th 1904	1st by Rachel J Wright (Died)
(2)	Campbell, John Ross	12	1	Boy	" " Dec 11 1891	2nd " " "	2nd "
(3)	Campbell, Alexander D.	5	11	"	Oroville " Jany 24 1898	3rd " " "	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued for John Ross Jan 1, 1907	
(6)					Discontinued		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~new~~ orphan, ~~half orphan or abandoned child~~.	Whole Orphans	Renewed Jan 7, 1905 for $20.00 per mo.
3.	What are the names of the parents of such child ~~ren~~?	James D Campbell and Lulu E Campbell	Renewed Jan 5, 1906 for $13 33/100 per mo.
4.	Has said child ~~ren~~ any estate, or ~~they~~ heir to any estate?	No	Reduced July 5, 1906 to $10.00 per mo
5.	Describe the estate, its location and value, including life insurance.		Renewed Jan 10, 1907 @ $10 per mo.
6.	When and where did the parents of said child ~~ren~~ die?	John D Campbell died at Nevada City Cal. June 30th 1901 Lulu E Campbell " " Berkeley Cal. April 6th 1902	Renewed Jan 11 1908 $10 per mo
7.	Where were said parents born.	John S. Campbell born in Canada. Lulu E Campbell " " California.	
8.	When were said parents married?	July 1877	
9.	When did the parents come to California, and to this county?	Came to California 1883. Nevada County in 1900.	
10.	Relation of applicant to child ~~ren~~	Grandmother	
11.	Are either or both of said parents living? If so give place of residence.	No	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	—	
13.	Who has charge and control of said child ~~ren~~ at the present time?	Rachel J. Wright (Grandmother)	
14.	How much aid is necessary and how long will require it?	$8.33 each per mo. or $25.00 per Quarter. Will need until children can do something for themselves. I have no other assistance in caring for them	

REFERENCES:

1904	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April	9		60 -	60 -	483	F. L. Arbogast
May						
June						
July	9		60 -	60 -	710	F. L. Arbogast
Aug.						
Sept.						
Oct.	5		60 -	60 -	1017	F. L. Arbogast
Nov.						
Dec.						
Total						

1905	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	5		60 -	60 -	206	F. L. Arbogast
Feb.						
Mar.						
Apr.	4		60 -	60 -	398	F. L Arbogast
May						
June						
July	7		60 -	60 -	689	F. L Arbogast
Aug.						
Sept.						
Oct.	3		60 -	60 -	899	F. L Arbogast
Nov.						
Dec.						
Total						

1906	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	8		60 -	60 -	292	F. L Arbogast
~~Feb.~~ Apr	3		40 -	40 -	467	F. L. Arbogast
Mar. July	5		40 -	40 -	716	F. L Arbogast.
April Oct.	3		30 -	30 -	922	F. L Arbogast.
May Jan	8		30 -	30 -	4	Geo. Coughlan
June Apr	4		30 -	30	393	Geo. Coughlan
July	3		30 -	30 -	623	Geo. Coughlan
~~Aug.~~ Oct	7		30 -	30 -	750	Geo. Coughlan
Sept. Jan	6		30 -	30 -	2	Geo. Coughlan
Oct. Apr.	1		30 -	30 -	301	Geo. Coughlan
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Coombs, Florance	12	1	Female	Nevada Co Cal. Dec 1891	1st Jan 9. 1904.	1st by M. J. Coombs.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued Oct, 1905					4th	4th "
(5)						Date Aid Discontinued	Oct - 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~.	Half Orphans	
3.	What are the names of the parents of such child ?	Jacob and Mary J. Coombs.	Renewed Jan 7. th 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Jacob Coombs died Grass Valley Cal. Feby, 1898	
7.	Where were said parents born.	England.	
8.	When were said parents married?	Nevada Co. Dec 25, 1879.	
9.	When did the parents come to California, and to this county?	1870	
10.	Relation of applicant to child	Mother.	
11.	Are either or both of said parents living? If so give place of residence.	Mary J. Coombs. Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent.	
13.	Who has charge and control of said child at the present time?	Mary J. Coombs.	
14.	How much aid is necessary and how long will require it?	$6.25 per month.	

REFERENCES:

1904	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	462	C J Miller
May						
June						
July	9		15 -	15 -	713	C J Miller
Aug.						
Sept.						
Oct.	5		15 -	15 -	1007	C J Miller
Nov.						
Dec.						
Total						

1905	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	5		15 -	15 -	190	C J Miller
Feb.						
Mar.						
Apr.	4		15 -	15 -	355	C J Miller
May						
June						
July	7		15 -	15 -	663	C J Miller
Aug.						
Sept.						
Oct.	3		15 -	15 -	920	C J Miller
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

8

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Cummins, Mervyn J.	11	6	Male	San Francisco June 15 1892	1st Jan 8. 1904	1st by M. A. Cummins.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)		Discontinued July 5, 1906				Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	
3.	What are the names of the parents of such child ?	James Cumming, father Mary Alice Cummins mother	Renewed Jan 7, 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	No Estate. No heir to any estate	Renewed Jan 5, 1906 for $5.00 per mo.
5.	Describe the estate, its location and value, including life insurance.	No estate	~~Renewed Jan 10, 1907 @ $5. per mo.~~
6.	When and where did the parents of said child die?	Said Father died in North Bloomfield Nev Co Cal.	
7.	Where were said parents born.	Said James Cummins the father was born in Ireland. Said M. A Cummins the mother was born in Pennsylvania	
8.	When were said parents married?	Jan. 14th 1884.	
9.	When did the parents come to California, and to this county?	Father in 1874. Mother in 1863.	
10.	Relation of applicant to child	Mother.	
11.	Are either or both of said parents living? If so give place of residence.	Said mother is living in North Bloomfield Nev Co Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Said living Parent is Financially unable to support said Half Orphan child Mervyn Cummins.	
13.	Who has charge and control of said child at the present time?	She said mother M. A Cummins.	
14.	How much aid is necessary and how long will require it?	Six 25/100 ($6 25/100) Dollars per month until said child can earn his own living by manuel labor or otherwise.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15-	15-	480	F. L. Arbogast
May						
June						
July	9		15-	15-	711	F. L. Arbogast
Aug.						
Sept.						
Oct.	5		15-	15-	1022	F. L. Arbogast
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15-	15-	177	F. L. Arbogast
Feb.						
Mar.						
Apr.	4		15-	15-	401	F. L Arbogast
May						
June						
July	7		15-	15-	697	F. L Arbogast
Aug.						
Sept.						
Oct.	3		15-	15-	905	F. L Arbogast
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15-	15-	181	F. L Arbogast
~~Feb~~ Apr	3		15-	15-	459	F. L. Arbogast
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Dunkley, Marjorie V. (Died 11-1-1905)	7	3	female	Grass Valley Sept 1896	1st Jan 9. 1904	1st by Mrs J Barrett.
(2)	Dunkley, James T.	5	2	male.	Grass Valley - Nov. 1898	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued for Marjorie - 11-1-1905 - Jan	
(6)							

Discontinued Jan 1, 1908

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Full Orphans.	Renewed Jan 7, 1905 for $13.33⅓ per mo.
3.	What are the names of the parents of such child?	Marcellus and Mamie Dunkley.	Renewed Jan 5, 1906 for $6 66⅔ per mo.
4.	Has said child any estate, or heir to any estate?	None.	Reduced July 5, 1906 to $5.00 per mo
5.	Describe the estate, its location and value, including life insurance.	None.	Renewed Jan 10, 1907 @ $5 per mo
6.	When and where did the parents of said child die?	father. Jan. 22. '01 Tonopah Nevada. Mother July, 1900 Grass Valley Calif.	
7.	Where were said parents born.	father Grass Valley, Calif. Mother Nevada Cy Calif	
8.	When were said parents married?	July 5. 1895	
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child	Grandmother	
11.	Are either or both of said parents living? If so give place of residence.		
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Nothing. No Support.	
13.	Who has charge and control of said child at the present time?	Mrs James Barrett Grandmother	
14.	How much aid is necessary and how long will require it?	$8 33⅓ per month each full time allowed.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		40 -	40 -	459	C.J. Miller
May						
June						
July	9		40 -	40 -	723	C.J. Miller
Aug.						
Sept.						
Oct.	5		40 -	40 -	1010	C.J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		40 -	40 -	189	C.J. Miller
Feb.						
Mar.						
Apr.	4		40 -	40 -	358	C.J. Miller
May						
June						
July	7		40 -	40 -	664	C.J. Miller
Aug.						
Sept.						
Oct.	2		40 -	40 -	915	J. Miller
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		25 -	25 -	207	C.J. Miller
~~Feb.~~ Apr	3		20 -	20 -	434	C.J. Miller
Mar. July	5		20 -	20 -	683	C.J. Miller
~~April~~ Oct	3		15 -	15 -	903	C.J. Miller
May Jan	8		15 -	15 -	20	C.J. Miller
June Apr	4		15 -	15	413	C.J. Miller
July	3		15 -	15 -	620	C.J. Miller
~~Aug.~~ Oct	7		15 -	15 -	743	C.J. Miller
~~Sept.~~ Jan	7		15 -	15 -	24	C.J. Miller
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Farrell, James W.	6	6	Male	Nevada Co. Cal July 1897	1st Jan. 9th 1904	1st by Mary Farrell
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5, 1905					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan.	
3.	What are the names of the parents of such child ?	Patrick Farrell and Mary Farrell	Renewed Jan 7, 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	Nothing	Renewed Jan 5, 1906, for $5.00 per mo
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	Patrick Farrell died Aug. 27, 1901	
7.	Where were said parents born.	Patrick Farrell Ireland. Mary Farrell New York.	
8.	When were said parents married?	July 6th, 1893	
9.	When did the parents come to California, and to this county?	Mary Farrell 1866. Patrick Farrell about 1860.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mary Farrell, Cherokee, Nevada Co Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent	
13.	Who has charge and control of said child at the present time?	Mary Farrell	
14.	How much aid is necessary and how long will require it?	$6.25 per month. Can not state time required.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	484	F. L. Arbogast
May						
June						
July	9		15 -	15 -	709	F. L. Arbogast
Aug.						
Sept.						
Oct.	5		15 -	15 -	1024	F. L Arbogast
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	205	F. L Arbogast
Feb.						
Mar.						
Apr.	4		15 -	15 -	397	F. L Arbogast
May						
June						
July	7		15 -	15 -	688	F. L Arbogast
Aug.						
Sept.						
Oct.	3		15 -	15 -	898	F. L Arbogast
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	177	F. L Arbogast
Apr Feb.	3		15 -	15 -	466	F. L Arbogast
Mar. July	5		15 -	15	715	F. L Arbogash
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECCIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Fischer, Arthur P	11	10	Male	Sierra Co. Calif Mar 1 1892	1st Jan 9. 1904.	1st by Minnie Fischer.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued Jan 1905					4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan.	
3.	What are the names of the parents of such child ?	Antone and Minnie Fischer	Renewed Jan 7, 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	Stopped Jan. 1905
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	father, Nevada City June 8 96.	
7.	Where were said parents born.	Germany	
8.	When were said parents married?	Jany 26. 1885.	
9.	When did the parents come to California, and to this county?	father 1872. mother 1884.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother. Nevada City Calif	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent. No support.	
13.	Who has charge and control of said child at the present time?	Minnie Fischer	
14.	How much aid is necessary and how long will require it?	full amount	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
t	April	9		15 -	15 -	470	Minnie Fischer
	May						
	June						
t	July	9		15 -	15 -	749	Fred Fischer
	Aug.						
	Sept.						
t	Oct.	5		15 -	15 -	1038	Minnie Fischer
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	216	Minnie Fischer
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Fleming, Elizabeth	10		Female	Rough & Ready, Cal Jan. 1894	1st Jan 4th 1900	1st by Mrs Lizzie Fleming
(2)	Fleming, Wesley	8	3	Male	Grass Valley, Cal. Oct 1895	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued Jan 1, 1908		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child~~ren~~ ~~orphan~~ are, half orphan or ~~abandoned child~~	Half Orphans	
3.	What are the names of the parents of such child~~ren~~ ?	George W Fleming 3rd Elizabeth Fleming	Renewed Jan 7, 05 for $10.00 per mo.
4.	Has said child~~ren~~ any estate, or heirs to any estate?	Yes	Renewed Jan 5, 06 for $10.00 per mo
5.	Describe the estate, its location and value, including life insurance.	Small ranch. received yearly rental $45.00 for pasture	Reduced July 5, 1906 to 8.00 per mo
6.	When and where did the parents of said child~~ren~~ die?	George W. Fleming died August 10. 1898 at Grass Valley Cal.	Renewed Jan 10, 1907 @ $8 per mo.
7.	Where were said parents born.	George W Fleming born Nevada Co. Cal. Elizabeth Fleming born Oregon.	
8.	When were said parents married?	Nevada Co Cal April 12, 1893	
9.	When did the parents come to California, and to this county?	Came to Nevada Co. 1866.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Elizabeth Fleming Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Unable to support children. Indigent -	
13.	Who has charge and control of said child at the present time?	Mrs Elizabeth Fleming.	
14.	How much aid is necessary and how long will require it?	$6.25 per month each. Can not state time required	

REFERENCES:

190 4	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	463	C J Miller
May						
June						
July	9		30 \	30 \	714	C J Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	1009	C J Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	180	C J Miller
Feb.						
Mar.						
Apr.	4		30 \	30 -	377	C J Miller
May						
June						
July	7		30 -	30 -	665	C J Miller
Aug.						
Sept.						
Oct.	3		30 -	30 -	913	J Miller
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	211	C J Miller
~~Feb.~~ Apr	3		30 -	30	435	C J Miller
Mar. Jan	5		30 -	30 -	684	C J Miller
~~April~~ Oct.	3		24 -	24 -	906	C J Miller
May Jan	8		24 -	24	31	C J Miller
June Apr	4		24 -	24	412	C. J. Miller
July	3		24 -	24 -	618	C J Miller
~~Aug~~ Oct	7		24 -	24 -	726	C J Miller
~~Sept~~ Jan	1		24 -	24 -	25	C J Miller
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Ford, Leonard	10	9	Male	Grass Valley Mar 11 – 93.	1st Jan 9 1904	1st by Mrs A. Ford
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued April 1906.					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Renewed Jan 7, 1905 – for $5.00 per mo
3.	What are the names of the parents of such child ?	Henry and Annie Ford.	Renewed Jan 5, 1906 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	father Grass Valley Cal Nov 25 '94	
7.	Where were said parents born.	father Illenois. Mother Grass Valley Calif.	
8.	When were said parents married?	May 3. 1882	
9.	When did the parents come to California, and to this county?	father 22 years ago 1882.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Annie Ford Grass Valley Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	small home. No support.	
13.	Who has charge and control of said child at the present time?	Annie Ford	
14.	How much aid is necessary and how long will require it?	full amount $6.25 per mo. Cannot tell.	

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 –	15 –	461	C J Miller
May						
June						
July	9		15 –	15 –	716	C J Miller
Aug.						
Sept.						
Oct.	5		15 –	15 –	1011	C J Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 –	15 –	179	C J Miller
Feb.						
Mar.						
Apr.	4		15 –	15 –	378	C J Miller
May						
June						
July	7		15 –	15 –	666	C J Miller
Aug.						
Sept.						
Oct.	3		15 –	15 –	927	C J Miller
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 –	15 –	210	C J Miller
~~Feb.~~ Apr	3		15 –	15 –	436	C J Miller
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

14

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Gray, Marcia	12	2	Female	Nevada City, Cal. Nov. 189	1st Jan 9th 1904	1st by Alice Gray
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued October 1905					4th	4th "
(5)						Date Aid Discontinued	Oct, 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~.	Half Orphan	
3.	What are the names of the parents of such child ?	James Gray and Alice Gray	Renewed Jan 7, 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	$2000. life insurance. Deceased ill for several years. Most of insurance exhausted.	
6.	When and where did the parents of said child die?	James Gray died Dec. 5. 1900.	
7.	Where were said parents born.	California	
8.	When were said parents married?	Married Nevada Co. June 25. 1884.	
9.	When did the parents come to California, and to this county?	Born	
10.	Relation of applicant to child	mother	
11.	Are either or both of said parents living? If so give place of residence.	Nevada City, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	She is not able to support child, has several other children, depending on her for care and maintenance.	
13.	Who has charge and control of said child at the present time?	Alice Gray.	
14.	How much aid is necessary and how long will require it?	$6.25 per month, Cannot state time & will require aid.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15-	15-	472	Gertrude Gray
May						
June						
July	9		15-	15-	751	Alice Gray
Aug.						
Sept.						
Oct.	5		15-	15-	1028	Alice Gray
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15-	15-	215	Alice Gray
Feb.						
Mar.						
Apr.	4		15-	15-	389	Alice Gray
May						
June						
July	7		15-	15-	699	Alice Gray
Aug.						
Sept.						
Oct.	3		15-	15-	935	Alice Gray
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Goffett, Joseph P.	3	6	Male	Nevada Co June 20. 1900	1st Jan 4th 1904	1st by Nora Goffett.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5, 1906					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~	Half Orphan	Renewed Jan 7, 05 for $5.00 per mo.
3.	What are the names of the parents of such child ?	John and Nora Goffett.	Renewed Jan 5, 1906 for $5.00 per mo
4.	Has said child any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	John Goffett died Nev. Co. Feb. 12 1903.	
7.	Where were said parents born.	John Goffett born Belgium. Nora Goffett born Cal.	
8.	When were said parents married?	Nev. Co May 13. 1874	
9.	When did the parents come to California, and to this county?	John Goffett came to Cal. 1860.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Nora Goffett Grass Valley Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have to work for living, am not financially able to support him	
13.	Who has charge and control of said child at the present time?		
14.	How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	452	C. J. Miller
May						
June						
July	9		15 -	15 -	732	C. J. Miller
Aug.						
Sept.						
Oct.	5		15 -	15 -	1012	C. J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	178	C. J. Miller
Feb.						
Mar.						
Apr.	4		15 -	15	379	C. J. Miller
May						
June						
July	7		15 -	15 -	667	C. J. Miller
Aug.						
Sept.						
Oct.	3		15 -	15 -	926	C. J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	213	C. J. Miller
~~Feb.~~ Apr	3		15 -	15 -	437	C. J. Miller
Mar. July	5		15 -	15 -	685	C. J. Miller
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

16

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Hall, Raymond,	6	8	Male	Nevada Co. May 10. 1897	1st Jan 4. 1904.	1st by Agnes Hall.
(2)	Hall, Thomas.	4	11	Male	Nev Co. Feb. 13. 1899	2nd " " "	2nd "
(3)						3rd	3rd "
(4)	Discontinued July 1, 1907					4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~.	Half orphan	
3.	What are the names of the parents of such children ?	Thomas Land Agnes Hall.	Renewed Jan 7, 05 for $15.00 per mo.
4.	Has said child any estate, or heir to any estate?	none	Renewed Jan 5, 1906 for $10.00 per mo
5.	Describe the estate, its location and value, including life insurance.	Insurance left by dec'd. $200.00	Reduced July 5 06 to $8 per mo
6.	When and where did the parents of said child die?	Thomas F. Hall, died Feby 17, 1899 at Grass Valley California	Renewed Jan 10, 1907 $8 per mo
7.	Where were said parents born.	Nevada Co. Feb. 18. 1896.	
8.	When were said parents married?	born	
9.	When did the parents come to California, and to this county?	mother	
10.	Relation of applicant to child	Agnes Hall, Grass Valley. Cal	
11.	Are either or both of said parents living? If so give place of residence.	Nothing, but what work for and that is insufficient to support children	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Agnes Hall	
13.	Who has charge and control of said child at the present time?	Until such time as I can care for them	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 -	30 -	441	C. J. Miller
May						
June						
July	9		30 -	30 -	736	C J Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	1013	C. J Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	203	C J Miller
Feb.						
Mar.						
Apr.	4		30 -	30 -	366	C J Miller
May						
June						
July	7		30 -	30 -	668	C J Miller
Aug.						
Sept.						
Oct.	3		30 -	30 -	975	J Miller
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	212	C J miller
~~Feb.~~ Apr	3		30 -	30 -	438	C J miller
Mar. July	5		30 -	30 -	686	C J miller
April Oct.	3		24 -	24 -	905	C J miller
May Jan	8		24 -	24 -	19	C J miller
June Apr	4		24	24	411	C. J. Miller
July	3		24 -	24 -	619	C. J. Miller
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECCIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Harvey, Thomas	12	3	Male	Bodie Calif Sept 18-1891	1st Jan 9 1900	1st by Elizabeth Harvey.
(2) Harvey, Ruth	8	—	female	Grass Valley, Jan 27, 1896	2nd " " "	2nd "
(3) Harvey, Louisa	3	9	female	Grass Valley Mar. 7. 1900.	3rd " " "	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	for Thomas, July 1, 1905
(6)						

Discontinued July 1 1908

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Renewed Jan 7, 1905 for $15.00 per mo.
3. What are the names of the parents of such child?	James and Elizabeth Harvey.	Renewed Jan 5, 1906 for $10.00 per mo.
4. Has said child any estate, or heir to any estate?	None	Reduced July 5-06 to $8 per mo.
5. Describe the estate, its location and value, including life insurance.	None	Renewed Jan 10, 1907 @ $8 per mo
6. When and where did the parents of said child die?	father 23 Sept 1903. Grass Valley. Cal	Renewed Jan 11. 1908 $8 per mo
7. Where were said parents born.	father England. Mother Scotland.	
8. When were said parents married?	April 1884	
9. When did the parents come to California, and to this county?	father 1878. mother 1880	
10. Relation of applicant to child	mother	
11. Are either or both of said parents living? If so give place of residence.	mother Grass Valley Calif.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent. No support	
13. Who has charge and control of said child at the present time?	Elizabeth Harvey.	
14. How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		45 -	45 -	455	C.J. Miller
May						
June						
July	9		45 -	45 -	715	C.J. Miller
Aug.						
Sept.						
Oct.	5		45 -	45 -	1014	C.J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45 -	45 -	202	C.J. Miller
Feb.						
Mar.						
Apr.	4		45 -	45 -	380	C.J. Miller
May						
June						
July	7		45 -	45 -	669	C.J. Miller
Aug.						
Sept.						
Oct.	3		30 —	30 —	928	C.J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	195	C.J. Miller
~~Feb.~~ apr	3		30 -	30 -	439	C.J. Miller
Mar. July	5		30 -	30 -	687	C.J. Miller
~~April~~ Oct	3		24 -	24 -	904	C.J. Miller
May Jan	8		24 -	24 -	18	C.J. Miller
June Apr	4		24 -	24 -	410	C.J. Miller
July	3		24 -	24 -	617	C.J. Miller
~~Aug.~~ Oct	7		24 -	24 -	744	C.J. Miller
~~Sept.~~ Jan	6		24 -	24 -	26	C.J. Miller
Oct. Apr	6		24 -	24 -	292	C.J. Miller
Nov. July	6		24	24	561	C.J. Miller
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Holland, Thelma	4	4	Female	Nev. Co. Sept. 20. 1899.	1st Jan. 7. 1904	1st by Florence Holland.
(2)	Holland, Margaret	1		Female	Nev. Co. Dec. 14. 1902	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~	~~Half orphans~~ Holland.	
3.	What are the names of the parents of such child ren?	Enoch and Florence Holland	Renewed Jan 7, 05 for $10.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	Renewed Jan 5, 1906 for $10.00 per mo
5.	Describe the estate, its location and value, including life insurance.	None	Reduced July 5-06 to $8 per mo
6.	When and where did the parents of said child ren die?	Enoch Holland died in Meadow Lake Tp June 14 1903	Renewed Jan 10 1907 $8 per mo
7.	Where were said parents born.	Enoch Holland born in Illinois. Florence Holland born in California.	Renewed Jan 11, 1908 $8 per mo
8.	When were said parents married?	Nevada Co May 1885	" Jan 8, 1904 $8 per mo
9.	When did the parents come to California, and to this county?	1870	" " 8, 1910 $8 per mo.
10.	Relation of applicant to child ren	Mother.	" " 7th, 1911 " 8 per mo
11.	Are either or both of said parents living? If so give place of residence.	Florence Holland, Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child ren. If not, state why.	Have nothing but what I can earn by working for	
13.	Who has charge and control of said child ren at the present time?	Florence Holland.	
14.	How much aid is necessary and how long will require it?	Until such time as I am financially able to support them	

REFERENCES:

1904	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Oct. 1912	4		24 00	24 00	991	C.J. Miller ✓
Nov. 1912	2		24 00	24 00	19	C.J. Miller ✓
Dec.						
Jan.						
Feb.						
Mar.						
April 1912	9		30 \	30 \	447	C.J. Miller ✓
May	1		24 —	24 —	454 ✓	" " ✓
June	2		24 —	24 —	786 ✓	" " ✓
July	9		30 \	30 \	734	C.J. Miller
Aug.						
Sept.						
Oct.	5		30 —	30 —	1015	C.J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 —	30 —	201	C.J. Miller
Feb.						
Mar.						
Apr.	4		30 —	30 —	374	C.J. Miller
May						
June						
July	7		30 —	30 —	669	C.J. Miller
Aug.						
Sept.						
Oct.	3		30 —	30 —	924	C.J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 —	30 —	196	C.J. Miller
Feb.	3		30 —	30 —	440	C.J. Miller
Mar.	5		30 —	30 —	688	C.J. Miller
April	3		24 —	24 —	907	C.J. Miller
May	8		24 —	24 —	33	C.J. Miller
June	4		24 —	24	409	C.J. Miller
July	3		24 —	24 —	616	C.J. Miller
Aug.	7		24 —	24 —	728	C.J. Miller
Sept.	6		24 —	24 —	27	C.J. Miller
Oct.	6		24 —	24 —	293	C.J. Miller
Nov.	6		24 —	24	556	C.J. Miller
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	7		24 00	24 00	908	C.J. Miller ✓
Feb.	8		24 00	24 00	8	C.J. Miller ✓
Mar.	6		24 00	24 00	397	C.J. Miller ✓
Apr.	6		24 —	24 —	514	" " ✓
May	5		24 —	24 —	816	" " ✓
June	3		24 —	24 —	22	" " ✓
July	5		24 —	24 —	340	" " ✓
Aug.	6		24 —	24 —	553	" " ✓
Sept.	4		24 —	24 —	866	" " ✓
Oct.	3		24 —	24 —	10	" " ✓
Nov.	3		24 —	24	317	" " ✓
Dec.	6		24 —	24 —	762	" " ✓
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Jones, Harry	12	4	Male	Grass Valley. Sept 2. 1891	1st Jan 9 1904	1st by Mrs Mary Jones.
(2)					2nd	2nd "
(3)					3rd	3rd "
(4) Discontinued April 1st 1905					4th	4th "
(5)					Date Aid Discontinued	April 1st 1905
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~		
3. What are the names of the parents of such child ?	Mary Jones and William Jones.	Renewed Jan 7, 1905 for $15.00 per mo.
4. Has said child any estate, or heir to any estate?	None	
5. Describe the estate, its location and value, including life insurance.	None	
6. When and where did the parents of said child die?	William Jones died on Aug 16. 1895 at Grass Valley Cal.	
7. Where were said parents born.	William Jones born Cal.	
8. When were said parents married?	Mary Jones born Cal.	
9. When did the parents come to California, and to this county?	Nevada Co. July 4. 1888.	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Mary Jones, Grass Valley Cal.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	The only support is what I can earn working from day to day.	
13. Who has charge and control of said child at the present time?	Mary Jones.	
14. How much aid is necessary and how long will require it?	Until such time as I am financially able to support.	

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	445	C. J. Miller
May						
June						
July	9		15 -	15 -	735	C J Miller
Aug.						
Sept.						
Oct.	5		15 -	15 -	1016	C J Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	200	C. J. Miller
Feb.						
Mar.						
Apr.	4		15 -	15 -	375	C J Miller
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Jeffrey, Hazel	9	11	Female	Nev. Co. Feb. 16th 1894	1st Jan 9th 1904	1st by Charlotte Jeffrey.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5 1906					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~	Half Orphan	Renewal Jan 7, 05 for $4.00 per mo.
3.	What are the names of the parents of such child ?	Robert and Charlotte Jeffrey	Renewed Jan 5, 1906 for $4.00 per mo
4.	Has said child any estate, or heir to any estate?	$1300.00 left by father but cannot receive same until she becomes of age.	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Robert Jaffrey died april 3. 1900 at Grass Valley.	
7.	Where were said parents born.	Robert Jeffrey England. Charlotte Jeffrey Nova Scotia.	
8.	When were said parents married?	Nova scotia Feby 1870	
9.	When did the parents come to California, and to this county?	1881.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Charlotte Jeffrey, Grass Valley, Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	no Financial on hand. only aid from work that I receive and wages are small.	
13.	Who has charge and control of said child at the present time?	Charlotte Jeffrey.	
14.	How much aid is necessary and how long will require it?	Until such time as the child can help herself or I am able to support her.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		12 00	12 00	450	C J Miller
May						
June						
July	9		12 00	12 00	720	C J. Miller
Aug.						
Sept.						
Oct.	5		12 -	12 -	990	C J Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		12 -	12 -	199	C J Miller
Feb.						
Mar.						
Apr.	4		12 -	12 -	376	C J Miller
May						
June						
July	7		12 -	12 -	671	C J Miller
Aug.						
Sept.						
Oct.	3		12 -	12 -	912	J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		12 -	12 -	197	C J Miller
~~Feb.~~ Apr	3		12 00	12 -	441	C J Miller
Mar. July	5		12 -	12 -	690	C J Miller
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Kuffel, Helen O.	8	9	Female	Placer Co Mch. 25. 1895	1st Jan 9. 1904.	1st by Lora A Kuffel
(2)					2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	Oct- 1, 1904
(6)						

Discontinued October 1st 1904

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~	Half Orphan.	
3.	What are the names of the parents of such child ?	David and Laura Kuffel	
4.	Has said child any estate, or heir to any estate?	none.	
5.	Describe the estate, its location and value, including life insurance.	none.	
6.	When and where did the parents of said child die?	David Kuffel died Placer Co. April 19. 1896	
7.	Where were said parents born.	David Kuffel born in Indiana Laura Kuffel born in California	
8.	When were said parents married?	Placer. Co. Aug. 25, 1891.	
9.	When did the parents come to California, and to this county?	David Kuffel came to Co about 1888.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Lora Kuffel Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Nothing except what nominal wages I receive from hard labor	
13.	Who has charge and control of said child at the present time?	Laura Kuffel.	
14.	How much aid is necessary and how long will require it?	Until such time as I can care for the child	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		15-	15-	458	C.J. Miller
	May						
	June						
	July	9		15-	15-	712	C.J. Miller
	Aug.						
	Sept.						
	Oct.	5		15-	15-	991	C.J. Miller
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Keast, Pearl	12	–	female	Grass Valley Dec 22. '91	1st Jan 9 1904.	1st by Elizabeth Keast.
(2)	Keast, Richard	8	9	Male	Grass Valley Mar 30 '95	2nd " " "	2nd "
(3)	Keast, Clarence	10	3	Male	Grass Valley Oct 2 '93	3rd " " "	3rd "
(4)						4th	4th "
(5)	Discontinued Nov 1, 1905					Date Aid Discontinued	Nov 1, 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Renewed Jan 7, 05 for $10.00 per mo.
3.	What are the names of the parents of such child ren?	Dawkson H. and Elizabeth Keast.	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None. Insurance [illegible] Feb 8, 1898	
6.	When and where did the parents of said child ren die?	father Grass Valley. Feb 8. 1898	
7.	Where were said parents born.	father England. Mother England	
8.	When were said parents married?	1876	
9.	When did the parents come to California, and to this county?	father 1866. Mother 1890	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Grass Valley Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	No Home. Unable to support children	
13.	Who has charge and control of said child ren at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 –	30 –	457	C.J. Miller
May						
June						
July	9		30 –	30 –	733	C.J. Miller
Aug.						
Sept.						
Oct.	5		30 –	30	998	C.J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 –	30 –	198	C.J. Miller
Feb.						
Mar.						
Apr.	4		30 –	30 –	362	C.J. Miller
May						
June						
July	7		30 –	30	672	C.J. Miller
Aug.						
Sept.						
Oct.	3		30 –	30 –	911	C.J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		10 –	10 –	198	C.J. Miller
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Lang, Frances	11	9	female	Cherokee Nevada Co. Mar 3. 1892	1st Jan 9 1904.	1st by Mary Jane Lang
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued					4th	4th "
(5)	October, 1905					Date Aid Discontinued (9) 1905	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~	Half Orphan	
3.	What are the names of the parents of such child ?	Sheldon W Lang. & Mary Jane Lang.	Renewed Jan 7, 05 for $15.00 per mo.
4.	Has said child any estate, or heir to any estate?	Nothing.	
5.	Describe the estate, its location and value, including life insurance.	Nothing	
6.	When and where did the parents of said child die?	Sheldon W Lang Fresno. Calif.	
7.	Where were said parents born.	Sheldon W Lang Reburn, Maine. Mary Jane Land. Baton Mass.	
8.	When were said parents married?	Sept 15, 1873	
9.	When did the parents come to California, and to this county?	father 1859 Mother 1864.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mary Jane Lang, Nevada City Calif	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Small home and unable to support child	
13.	Who has charge and control of said child at the present time?	Mary Jane Lang Mother	
14.	How much aid is necessary and how long will require it?	$25 per month. Cannot tell.	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		15-	15-	468	Mary Lang
	May						
	June						
	July	9		15-	15-	743	Ida Lang
	Aug.						
	Sept.						
	Oct.	5		15-	15-	1029	Mary J. Lang
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		15-	15-	221	Ida Lang
	Feb.						
	Mar.						
	Apr.	4		15-	15-	384	Mary J. Lang
	May						
	June						
	July	7		15-	15-	700	Ida Lang
	Aug.						
	Sept.						
	Oct.	3		15-	15-	939	Ida Lang
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Lucas, Howard	12	2	Male	Grass Valley Nov 16 '91	1st Jan 9th 1904	1st by Edith Lucas.
(2)	Lucas, Alma	10	10	Female	Nevada Cy Feb 20 '93	2nd " " "	2nd "
(3)	Lucas. Annie	1	9	female	Grass Valley. Apr 8. '02	3rd " " "	3rd "
(4)						4th	4th "
(5)					Discontinued Jan 10 1907	Date Aid Discontinued for Howard Oct 1905	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	half orphans	Renewed Jan 7, 1905 for $15.00 per Mo,
3.	What are the names of the parents of such children?	John and Edith Lucas	Renewed Jan 5, 1906 - for $10.00 per mo
4.	Has said children any estate, or heir to any estate?	None	Reduced - July 5-06 to $8 per mo
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said children die?	Father, March 20 1903 Grass Valley	
7.	Where were said parents born.	father Wisconsin Mother, Dutch Flat Placer Co Calif	
8.	When were said parents married?	Feb 6. 1889	
9.	When did the parents come to California, and to this county?	father 1865	
10.	Relation of applicant to child	mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Grass Valley Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	nothing to support children.	
13.	Who has charge and control of said children at the present time?	Edith Lucas	
14.	How much aid is necessary and how long will require it?	full amount. required time	

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		45 -	45 -	485	C J Miller
May						
June						
July	9		45 -	45 -	721	C J Miller
Aug.						
Sept.						
Oct.	5		45 -	45 -	996	C J Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45 -	45 -	197	C J Miller
Feb.						
Mar.						
Apr.	4		45 -	45 -	371	C J Miller
May						
June						
July	7		45 -	45 -	672	C J Miller
Aug.						
Sept.						
Oct.	3		45 -	45 -	910	C J Miller
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	199	C J Miller
~~Feb.~~ Apr	3		30 -	30 -	458	C J Miller
Mar. July	5		30 -	30 -	689	C J Miller
~~April~~ Oct.	3		24 -	24 -	908	C J Miller
May Jan	8		24 -	24 -	17	C J Miller
~~June~~ Jan	7		24 -	24 -	3	
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Mosher, Charles	13	7	male	Nevada Cy Jne 17. 1890	1st Jan 9 1904	1st by Beatrice Mosher.
(2)	Mosher, Eva.	5	7	female	Nevada Cy May 21. 1898	2nd " "	2nd "
(3)	Mosher, George	8	6	male	Nevada Cy July 24. 1895	3rd " "	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	for Charles
(6)					Discontinued July 6, 1909		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans.	Renewed Jan 7, 1905 for $10.00 per mo.
3.	What are the names of the parents of such child?	Charles and Beatrice Mosher.	Renewed Jan 5, 1906 for $10.00 per mo
4.	Has said child any estate, or heir to any estate?	Nothing	Reduced July 5, 06 to $8 per mo
5.	Describe the estate, its location and value, including life insurance.	no.	Renewed Jan 10 1907 $8 per mo
6.	When and where did the parents of said child die?	father, 1900. Nevada Cy June 3rd.	Renewed Jan 11, 1908 $8 per mo
7.	Where were said parents born.	father. New York Mother England	" Jan 8, 1909 $8 per mo.
8.	When were said parents married?	May 21. 1885. Nevada Cy.	
9.	When did the parents come to California, and to this county?	father 1849. Mother 1868	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Nevada Cy	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent, unable to support children.	
13.	Who has charge and control of said children at the present time?	Mother.	
14.	How much aid is necessary and how long will require it?	Aid for Two 12.50 per month Can not tell	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 -	30 -	473	Beatrice Mosher
May						
June						
July	9		30 -	30 -	742	Beatrice Mosher
Aug.						
Sept.						
Oct.	5		30 -	30 -	1027	Beatrice Mosher
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	222	Beatrice Mosher
Feb.						
Mar.						
Apr.	4		30 -	30 -	388	Beatrice Mosher
May						
June						
July	7		30 -	30 -	701	Beatrice Mosher.
Aug.						
Sept.						
Oct.	3		30 -	30 -	943	Beatrice Mosher.
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	215	Beatrice Mosher.
~~Apr~~ Feb.	3		30 -	30 -	470	Beatrice Mosher.
Mar. July	5		30 -	30 -	713	Beatrice Mosher
~~April~~ Oct	2		24 -	24 -	910	Beatrice Mosher.
May Jan	8		24 -	24 -	8	Beatrice Mosher.
June Apr	4		24 -	24 -	390	Beatrice Mosher
July	3		24 -	24 -	634	Beatrice Mosher
~~Aug~~ Oct	7		24 -	24 -	725	Beatrice Mosher
~~Sept~~ Jan	7		24 -	24 -	3	Beatrice Mosher
Oct. Dec	6		24 -	24 -	295	Beatrice Mosher
Nov July	6		24 -	24 -	533	Beatrice Mosher
Dec.						
Total						

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan~~ Oct	7		24 00	24 00	889	Beatrice Mosher
Feb. Jan	4		24 00	24 00	3	" "
Mar. Jan	6		24 00	24 00	377	" "
Apr. July	6		24 00	24 00	539	" "
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Massie, Fred B	2	4	Male	Sonopah. Nev. aug 24. 1902	1st Jan 9th. 04.	1st by Mabel Massie
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued				July 5, 1906	Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~	Half Orphans	Renewed Jan 7, 1905 for $15.00 per mo
3.	What are the names of the parents of such child ?	Fred and Mabel Massie	Renewed Jan 5, 1906 for $15.00 per mo
4.	Has said child any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	Fred Massie died Mexico July 15, 1903	
7.	Where were said parents born.	California	
8.	When were said parents married?	Sacramento. May 23, 1902	
9.	When did the parents come to California, and to this county?	Born	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mabel Massie, Nevada City Cal	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Have nothing. Unable to secure employment.	
13.	Who has charge and control of said child at the present time?	Mabel Massie	
14.	How much aid is necessary and how long will require it?	Until such time as I am able to care for the child.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15-	15-	467	Mabel Massie
May						
June						
July	9		15-	15-	745	Della Borlace
Aug.						
Sept.						
Oct.	5		15-	15-	1030	Mrs Wm Borlace
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15-	15-	214	Mrs Wm Borlace
Feb.						
Mar.						
Apr.	4		15-	15-	386	Lavinia Borlace
May						
June						
July	7		15-	15-	702	Lavinia Borlace
Aug.						
Sept.						
Oct.	4		15-	15-	936	Lavinia Borlace
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15-	15-	216	Lavinia Borlace
~~Apr.~~ Feb.	3		15-	15-	481	Lavinia Borlace
Mar. July	5		15-	15-	712	Lavinia Borlace
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Munroe, Marguerite adele	13		female	Nevada Cy. Dec 1890	1st Jan 9th 1904	1st by Josephine Munroe.
(2)	Munroe, Thomas Ross	10	4	male	Nevada City Sept 1893.	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued January, 1905					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~or orphan~~, half orphan ~~or abandoned child~~.	Half Orphans.	
3.	What are the names of the parents of such child ~~or~~?	William Munroe. Josephine Munroe	
4.	Has said child any estate, or heir to any estate?	Nothing	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child ~~or~~ die?	William Munroe. May 9. 1901. in Mono County.	
7.	Where were said parents born.	William Munroe. Picto Co. Nova Scotia Josephine Munroe. Nevada County.	
8.	When were said parents married?	Nevada Cy 1890 December 24	
9.	When did the parents come to California, and to this county?	about 20 years ago.	
10.	Relation of applicant to child ~~or~~.	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Josephine Munroe Nevada Cy	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent No.	
13.	Who has charge and control of said child ~~or~~ at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	Full amount. $6.25 month each. Cannot tell	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		30 -	30 -	466	Josephine Munroe
	May						
	June						
	July	9		30 -	30 -	750	Josephine Munroe
	Aug.						
	Sept.						
	Oct.	5		30 -	30 -	1037	Josephine Munroe
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		25 -	25 -	207	Marguerite Munroe
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	McLaughlin, John J.	5	7	Male	Mariposa Co Calif May '98.	1st Jan 9. 1904	1st by Rebecca McLaughlin
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5, 1906					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	
3.	What are the names of the parents of such child ?	John and Rebecca McLaughlin.	Renewed Jan 7, 05 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	none	Renewed Jan 5, 1906 for $5.00 per mo.
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	father Mariposa Co Calif 1900. Feb 7.	
7.	Where were said parents born.	father Ireland. Mother Nevada Cy Calif.	
8.	When were said parents married?	April 29. 1897.	
9.	When did the parents come to California, and to this county?	father 1876.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Nevada City Calif	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent. No support.	
13.	Who has charge and control of said child at the present time?	Rebecca McLaughlin	
14.	How much aid is necessary and how long will require it?	full amount. Cannot tell	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	477	Rebecca McLaughlin
May						
June						
July	9		15 -	15 -	744	Rebecca McLaughlin
Aug.						
Sept.						
Oct.	5		15 -	15 -	1036	Rebecca McLaughlin
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	213	Rebecca McLaughlin
Feb.						
Mar.						
Apr.	4		15 -	15 -	385	Rebecca McLaughlin
May						
June						
July	7		15 -	15 -	703	Rebecca McLaughlin
Aug.						
Sept.						
Oct.	3		15 -	15 -	942	Rebecca McLaughlin
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	219	Rebecca McLaughlin
Feb.	3		15 -	15 -	480	Rebecca McLaughlin
Mar. July	5		15 -	15 -	711	Rebecca McLaughlin
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Merrill, Harry. A.	12	7	Male	Virginia City Nev. June 9 '91	1st Jan 9. 1904.	1st by Kate M. Merrill.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued Jan 1st 1905.					4th	4th "
(5)						Date Aid Discontinued	Jan 1st 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~	Half Orphan	
3.	What are the names of the parents of such child ?	Geo Oscar Merrill. Kate M. Merrill	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Geo Oscar Merrill died Nevada Cy. 1902	
7.	Where were said parents born.	Geo. Oscar Merrill - Randolph Co. Missouri. Kate M. Merrill. Grass Valley. Calif.	
8.	When were said parents married?	1880	
9.	When did the parents come to California, and to this county?	About fifty years ago.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Kate M. Merrill. Nevada Cy. Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Indigent. Nothing	
13.	Who has charge and control of said child at the present time?	Kate M. Merrill	
14.	How much aid is necessary and how long will require it?	full amount 6.25 per Mo. Cannot tell.	

REFERENCES:

ORDER	190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		15 -	15 -	475	Kate Merrill
	May						
	June						
	July	9		15 -	15 -	746	M. Alice Merrill
	Aug.						
	Sept.						
	Oct.	5		15 -	15 -	1035	Kate Merrill
	Nov.						
	Dec.						
	Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	212	Kate Merrill
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

30

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Martens, Raymond	13	9	male	San Francisco March 31 1890	1st Jan 9 1904	1st by Mrs Lila Martens.
(2)	Martens, Irene	12	6	Female	San Francisco July 5 1891.	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	(1) Apr 1, 04
(6)							(2) July 5/05

Discontinued

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child.
The above named Children are Half Orphans.

3. What are the names of the parents of such children ?
Albert Louis Martens father. Lila Martens Mother.

4. Has said child any estate, or heir to any estate?
answer No.

5. Describe the estate, its location and value, including life insurance.
No Estate

6. When and where did the parents of said children die?
Father of aforesaid Children died in North Bloomfield Calif.

7. Where were said parents born.
Said Albert Louis Martens was born in North Bloomfield Calif
Said Lila Martens was born in San Francisco California

8. When were said parents married?
May 21. 1889.

9. When did the parents come to California, and to this county?
Mother of said Children in the year 1889.

10. Relation of applicant to child
Mother.

11. Are either or both of said parents living? If so give place of residence.
Mrs. Lila martens mother of said Children is living at North Bloomfield in Nevada County California

12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
Aforesaid living Parents Mrs Lila martens is Financially unable to support aforesaid children.

13. Who has charge and control of said children at the present time?
The said mother Mrs. Lila Martens.

14. How much aid is necessary and how long will require it?
Six $\frac{25}{100}$ ($6\frac{25}{100}$) Dollars per month each. until said children are able to earn their Living by manual Labor or otherwise

REPORT OF INVESTIGATORS

Renewed Jan 7, 1905 for $5.00 per mo
Reduced July 5-06 to

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	481	F. L. Arbogast
May						
June						
July	9		15 \	15 \	703	F. L. Arbogast
Aug.						
Sept.						
Oct.	5		15 -	15 -	1076	F. L. Arbogast
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	176	Fd. Arbogast
Feb.						
Mar.						
Apr.	4		15 -	15 -	403	F. L Arbogast
May						
June						
July	7		15 -	15 -	696	F. L Arbogast
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	McKay, Ira.	13	–		Virginia Cy Nev. 22 Jan 1891.	1st Jan 9 1904	1st by Mrs Catherine McKay.
(2)						2nd	2nd "
(3)	Discontinued Jan 1, 1905					3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	Jan 1, 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half orphan	
3.	What are the names of the parents of such child?	James McKay. & Catherine McKay.	
4.	Has said child any estate, or heir to any estate?	none.	
5.	Describe the estate, its location and value, including life insurance.	none.	
6.	When and where did the parents of said child die?	father Virginia Cy Nev. 1894	
7.	Where were said parents born.	father. Nova Scotia Mother Grass Valley.	
8.	When were said parents married?	July 2. 1884.	
9.	When did the parents come to California, and to this county?	father. 1875	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Grass Valley. Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	no property unable to support child	
13.	Who has charge and control of said child at the present time?	Catherine McKay	
14.	How much aid is necessary and how long will require it?	full amount, required time.	

REFERENCES:

ORDER	190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		15–	15–	446	C J Miller
	May						
	June						
	July	9		15–	15–	726	C J Miller
	Aug.						
	Sept.						
	Oct.	5		15–	15–	992	C J Miller
	Nov.						
	Dec.						
	Total						

ORDER	190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		15–	15–	196	C J Miller
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Mitchell, Marguerite	8	—	Female	Grass Valley. Jan 21. 1896	1st Jun 9 1904	1st by Louisa Mitchell.
(2)	Mitchell, Jennie	5	2	Female	Grass Valley, Nov. 8. 1898	2nd " " "	2nd "
(3)						3rd	3rd "
(4)					Discontinued July 8th, 1910	4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~		
3.	What are the names of the parents of such child~~ren~~ ?	Mark and Louisa Mitchell	Renewed Jan 7th 1905 for $10.00 per mo.
4.	Has said child any estate, or heir to any estate?	None.	Renewed Jan 5, 1906 for $10 per mo
5.	Describe the estate, its location and value, including life insurance.	None.	Reduced July 5-06 to $8 per mo
6.	When and where did the parents of said child die?	Mark Mitchell died Grass Valley. Feb 16 1901.	Renewed Jan 10, 1907 to $8 per mo.
7.	Where were said parents born.	Mark Mitchell born England. Louisa Mitchell born Australia.	Renewed Jan 11, 1908 $8 per mo.
8.	When were said parents married?	Nevada Co. June 25, 1885	" " 9, 1909, 8 per mo.
9.	When did the parents come to California, and to this county?	About 1868.	
10.	Relation of applicant to child~~ren~~	Mother.	
11.	Are either or both of said parents living? If so give place of residence.	Louisa Mitchell Grass Valley	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Has no finances other than I receive from Daily Labor	
13.	Who has charge and control of said child at the present time?	Louisa Mitchell	
14.	How much aid is necessary and how long will require it?	Can not state how long I will require aid	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	448	C.J. Miller
May						
June						
July	9		30 \	30 \	724	C.J. Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	993	C.J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.	4		30 -	30 -	372	C.J. Miller
May						
June						
July	7		30 -	30 -	673	C.J. Miller
Aug.						
Sept.						
Oct.	3		30 -	30 -	931	C.J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	201	C.J. Miller
~~Feb.~~ Apr	3		30 -	30 -	457	C.J. Miller
Mar. July	5		30 -	30 -	691	C.J. Miller.
April Oct	3		24 -	24 -	889	C.J. Miller
May Jan	8		24 -	24 -	16	C.J. Miller.
June Apr	4		24 -	24 -	408	C. J. Miller
July	9		24 -	24 -	613	C.J. Miller
~~Aug~~ Oct	7		24 -	24 -	729	C.J. Miller.
~~Sept.~~ Jan	7		24 -	24 -	28	C.J. Miller
Oct. April	6		24 -	24 -	289	C.J. Miller
Nov. July	6		24 -	24 -	556	C. J. Miller
Dec.						
Total						

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan~~ Oct	7		24 00	24 00	909	C.J. Miller
Feb. Jan	4		24 00	24 00	12	C.J. Miller
Mar. Apr	6		24 00	24 00	376	C.J. Miller
Apr. July	6		24 00	24 00	516	" " "
May Oct	5		24 -	24 -	818	" "
June Jan	3		24 -	24 -	23	" "
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Maltman, Adelaide	12	6	Female	Tuolumne Co. June 21. 1894	1st Jan 9 1904	1st by Carrie Maltman.
(2)	Maltman, Romaine	4	1	Female	Nevada Co. Dec 2. 1899	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5-06					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~		
3.	What are the names of the parents of such child ~~are~~?	William & Carrie Maltman	Renewed Jan 7 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	Renewed Jan 5, 1906 for $5 per mo
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child ~~are~~ die?	William Maltman died at Grass Valley Sept. 15, 1902.	
7.	Where ...	William Maltman born New York	
8.	Whe...	Maltman born in Cal.	
9.	Whe...	Co. June 19th 1888	
10.	Relat...	Maltman came to Co 1866	
11.	Are e...	altman, mother	
12.	State able t...	altman Grass Valley Cal.	
13.	Who	at all. Go out doing housework	
14.	How	Maltman.	
	REFER	late time required	

State Board of Examiners.

Sacramento, Cal., Feb 15, 1910.

Your claim for $2403.00 was this day allowed for $2379.00, by the State Board of Examiners, and transmitted to State Controller for his action. Warrant is then drawn upon the Treasurer and held by Controller subject to signature of yourself or power of attorney.

Respectfully yours,

B. B. DEMING, Secretary.

Margt Mitchell - 14 years Feb 1. 1909.
was 6 years 1 month old when age was given on claim of July 1. 09. commenced Jany 1. 1901 24.00

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	451	C J Miller
May						
June						
July	9		30 \	30 \	725	C.J.Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	994	C.J.Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	204	C J Miller
Feb.						
Mar.						
Apr.	4		15 -	15 -	373	C. J Miller
May						
June						
July	7		15 -	15	674	C J Miller
Aug.						
Sept.						
Oct.	3		15 -	15 -	932	J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	202	J Miller
Apr Feb.	3		15 -	15 -	453	C J Miller
Mar. July	5		15 -	15 -	692	C J Miller
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

32

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED	1
(1)	Mitchell, Marguerite	8	—	Female	Grass Valley. Jan 21. 1896	1st Jan 9 1904	1st by Louisa Mitchell.	(1)
(2)	Mitchell, Jennie	5	2	Female	Grass Valley, Nov. 8. 1898	2nd " " "	2nd "	(2)
(3)						3rd	3rd "	(3)
(4)					Discontinued July 8th 1910	4th	4th "	(4)
(5)						Date Aid Discontinued		(5)
(6)								(6)

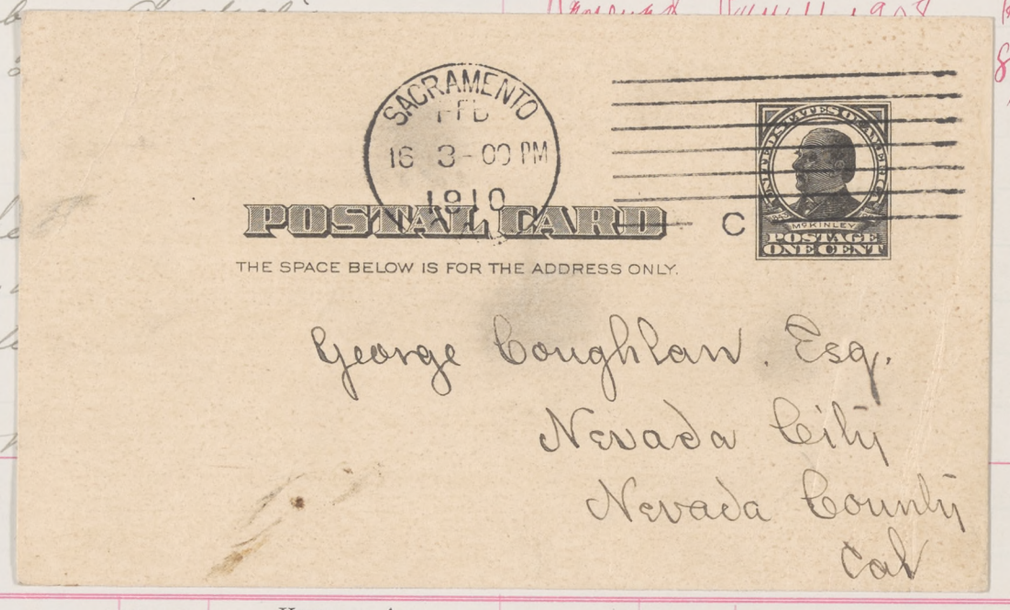
2. State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~
3. What are the names of the parents of such child~~ren~~ ?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child new
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Mark and Louisa Mitchell
None.
None.
Mark Mitchell died Grass Valley. Feb 16 1901
Mark Mitchell born England.
Louisa Mitchell b[illegible]
Nevada Co. June [illegible]
About 1868.
Mother.
Louisa Mitche[illegible]
Has no finances other [illegible]
Louisa Mit[illegible]
Can not state [illegible]

REPORT OF INVESTIGATORS

Renewed Jan 7th 1905 for $10.00 per mo.
Renewed Jan 5, 1906 for $10 per mo
Reduced July 5-06 to $8 per mo
Renewed Jan 10, 1907 to $8 per mo.
Renewed [illegible] 1908 $8 per mo.
8 per mo.



REFERENCES:

1904	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	448	C.J. Miller
May						
June						
July	9		30 \	30 \	724	C.J. Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	993	C.J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	195	C.J. Miller
Feb.						
Mar.						
Apr.	4		30 -	30 -	372	C.J. Miller
May						
June						
July	7		30 -	30 -	673	C.J. Miller
Aug.						
Sept.						
Oct.	3		30 -	30 -	931	C.J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	201	C.J. Miller
~~Feb.~~ Apr	3		30 -	30 -	457	C.J. Miller
Mar. July	5		30 -	30 -	691	C.J. Miller.
April Oct.	3		24 -	24 -	889	C.J. Miller
May Jan	8		24 -	24 -	16	C.J. Miller.
June Apr	4		24 -	24 -	408	C. J. Miller
July	3		24 -	24 -	613	C.J. Miller
~~Aug.~~ Oct	7		24 -	24 -	729	C.J. Miller.
~~Sept.~~ Jan	7		24 -	24 -	28	C.J. Miller
Oct. Jan	6		24 -	24 -	289	C.J. Miller
Nov. July	6		24 -	24 -	556	C. J. Miller
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Oct	7		24 00	24 00	909	C.J. Miller
Feb. Jan	4		24 00	24 00	12	C.J. Miller
Mar. Apr	6		24 00	24 00	396	C.J. Miller
Apr. July	6		24 00	24 00	516	" " "
May Oct	5		24 -	24 -	818	" "
June Jan	3		24 -	24 -	23	" "
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Maltman, Adelaide	12	6	Female	Tuolumne Co. June 21. 189[illegible]	1st Jan 9 1904	1st by Carrie Maltman.
(2)	Maltman, Romaine	4	1	Female	Nevada Co. Dec 2. 1899	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5-06					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~		
3.	What are the names of the parents of such child ren?	William & Carrie Maltman	Renewed Jan 7 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	Renewed Jan 5, 1906 for $5 per mo.
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child ren die?	William Maltman died at Grass Valley Sept 15, 1902.	
7.	Where were said parents born.	William Maltman born New York Carrie Maltman born in Cal.	
8.	When were said parents married?	Nevada Co. June 14th 1888	
9.	When did the parents come to California, and to this county?	William Maltman came to Co 1866	
10.	Relation of applicant to child ren	Carrie Maltman, mother	
11.	Are either or both of said parents living? If so give place of residence.	Carrie Maltman Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child ren. If not, state why.	No funds at all. Go out doing housework	
13.	Who has charge and control of said child ren at the present time?	Carrie Maltman.	
14.	How much aid is necessary and how long will require it?	Cannot state time required.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	451	C J Miller
May						
June						
July	9		30 \	30 \	725	C J Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	994	C J Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	204	C J Miller
Feb.						
Mar.						
Apr.	4		15 -	15 -	373	C. J Miller
May						
June						
July	7		15 -	15	674	C J Miller
Aug.						
Sept.						
Oct.	3		15 -	15 -	932	J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	202	C J Miller
~~Feb.~~ Apr	3		15 -	15 -	453	C J Miller
Mar. July	5		15 -	15 -	692	C J Miller
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Meyers, Helen	13	6	Female	Ventura Co July 13. 1890	1st Jan 9 1904	1st by Ersula Meyers
(2)	Meyers, Foster	4	9	Male	Nev. Co. Apr 13. 1899	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 1st 1904					Date Aid Discontinued July 1, 1904	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~.		
3.	What are the names of the parents of such child ~~are~~?	Foster and Ersula Meyers.	
4.	Has said child ~~are~~ any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None.	
6.	When and where did the parents of said child ~~are~~ die?	Foster Meyers died Grass Valley Jan 5. 1899	
7.	Where were said parents born.	Foster Meyers ~~born~~ Wisconsin Ersula Meyers born Cal.	
8.	When were said parents married?	Nevada Co. May 2. 1889.	
9.	When did the parents come to California, and to this county?	Foster Meyers came to Cal 1879	
10.	Relation of applicant to child ~~are~~	mother	
11.	Are either or both of said parents living? If so give place of residence.	Ersula Meyers. Grass valley	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Has nothing. Working in Laundry Small wages.	
13.	Who has charge and control of said child ~~are~~ at the present time?	Ersula Meyers	
14.	How much aid is necessary and how long will require it?	Until I am able to care for Children	

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 ~	15 ~	453	C.J. Miller
May						
June	9		15 ~	15 ~	727	C.J. Miller
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Nicholas Reuben V	~~10~~ 11 6	4	Male	9th Sept. 1897 North Columbia	1st Jan 9. 1904.	1st by Martha M Nicholas.
(2)	Nicholas Thomas L.	3	9	male	24th April 1900 North Columbia	2nd " " "	2nd "
(3)	Nicholas, Vilma		11	Female	Feb 14 1904. No Bloomfield	3rd Jan 1, 1905	3rd " " " "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~ (half orphans) ~~or abandoned child~~.		
3.	What are the names of the parents of such children ?	Martha M Nicholas & William H Nicholas	Renewed Jan 7, 1905 for $15.00 per mo.
4.	Has said child any estate, or heir to any estate?	No	Renewed Jan 5, 1906 for $15 per mo
5.	Describe the estate, its location and value, including life insurance.		Reduced July 5-06 to $12 per mo
6.	When and where did the parents of said child die?	William H Nicholas died at North Columbia Nevada Co Cal. Nov 22nd 1903.	
7.	Where were said parents born.	England	Renewed Jan 10, 1907 @ $12 per mo
8.	When were said parents married?	April 12th 1885 in Cornwall Co England	Renewed Jan 11, 1908 $12 per mo
9.	When did the parents come to California, and to this county?	August 19th 1885; Have resided here continuously	" " 8, 1909 - 12 per mo.
10.	Relation of applicant to child	Mother.	" " 8th 1910 12 per mo.
11.	Are either or both of said parents living? If so give place of residence.	Mother. North Columbia Nevada Co. Cal.	" " 7th, 1911 12 per mo.
12.	State the financial condition of said living parent and whether or not she is able to support said children. If not, state why.	Has no money and no way of earning sufficient for the support of said children. Health not very good. Martha M. Nicholas Mother of said children.	Reduced Oct 4th to 8 " "
13.	Who has charge and control of said children at the present time?		
14.	How much aid is necessary and how long will you require it?	$6 25/100 per month for each child. as soon as I can earn sufficient for their maintenance	

REFERENCES:

ORDER	1904 1911	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan Oct	4		36 00	36 00	981	Geo. Coughlan ✓
	Feb Jan 1912	2		24 00	24 00	30	" " ✓
	Mar.						
	April	9		30 \	30 \	482	F. L. Arbogast
	May Apr	1 9 1 2		24 -	24 -	469	Geo Coughlan ✓
	June July	2		24 -	24 -	789	" " ✓
	July	9		30 \	30 \	708	F. L. Arbogast
	Aug.						
	Sept.						
	Oct.	5		30 -	30 -	1021	F. L. Arbogast
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		30 -	30 -	175	F. L. Arbogast
	Feb.						
	Mar.						
	Apr.	4		45 -	45 -	402	F. L Arbogast
	May						
	June						
	July	7		45 -	45 -	695	F. L. Arbogast
	Aug.						
	Sept.						
	Oct.	3		45 -	45 -	903	F L Arbogast
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		45 -	45 -	182	F. L. Arbogast
	Apr Feb.	3		45 -	45 -	460	F. L Arbogast
	Mar. July	5		45 -	45 -	710	F L Arbogast
	April Oct	3		36 -	36 -	914	F. L Arbogast
	May Jan	8		36 -	36 -	38	Geo. Coughlan
	June April	4		36 -	36 -	392	Geo Coughlan
	July	3		36 -	36 -	621	Geo. Coughlan
	Aug. Oct	7		36 -	36 -	747	Geo. Coughlan
	Sept. Jan	7		36 -	36 -	13	Geo. Coughlan
	Oct. Apr	6		36 -	36 -	297	Geo. Coughlan
	Nov. July	6.		36 -	36 -	542	Geo. Coughlan
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan Oct	7		36 00	36 00	902	Geo. Coughlan ✓
	Feb Jan	4		36 00	36 00	23	P. H. Brophy ✓
	Mar. Apr	6		36 00	36 00	402	Geo Coughlan ✓
	Apr. July	6		36 00	36 00	509	" " ✓
	May Oct	5		36 -	36 -	834	" " ✓
	June Jan	3.		36 -	36 -	28	" " ✓
	July Apr	3		36 -	36 -	352	" " ✓
	Aug. July	6		36 -	36 -	545	" " ✓
	Sept. Oct	4		36 -	36 -	861	P. H. Brophy ✓
	Oct. Jan	3		36 -	36 -	7	" "
	Nov. Apr	3		36 -	36	341	" " ✓
	Dec. July	6		36 -	36 -	769	" " ✓
	Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	O'Neill, Theresa + Miss	9	2	female	Grass Valley, Cal Oct 24 1894	1st Jan 10 1904	1st by Nellie O'Neill
(2)	O'Neill, Marcella. + Miss	7	—	female	Grass Valley, Jan 16. 1897	2nd " " "	2nd "
(3)	O'Neill, Francis +	4	3	male	Grass Valley, Aug 6. 1899	3rd " " "	3rd "
(4)	O'Neill, William +	2	—	Male	Grass Valley, Jan 13, 1902	4th " " "	4th "
(5)	O'Neill, Walter + Miss	13		Male	Grass Valley, Jan 14. 1891	Date Aid Discontinued (for Walter) and Theresa Oct-1908	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ren orphan , half orphan or abandoned child.	Half Orphans.	Renewed Jan 7, 1905 for $20.00 per mo
3.	What are the names of the parents of such child ?	Dennis and Nellie O'Neill	Renewed Jan 5, 1906 for $20 per mo
4.	Has said child any estate, or heir to any estate?	None	Renewed Jan 10 1906 for $20 per mo
5.	Describe the estate, its location and value, including life insurance.	None	Renewed Jan 11, 1908 for $20 per mo.
6.	When and where did the parents of said child ren die?	father Jan 27, 1902. Grass Valley Calif.	" Jan 8, 1909 for $15 per mo
7.	Where were said parents born.	father Ireland. Mother Grass Valley Calif	" " 8th 1910 " $15 per mo.
8.	When were said parents married?	Sept. 14. 1888.	" " 7th, 1911 $10 per mo.
9.	When did the parents come to California, and to this county?	father 1876	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Grass Valley Calif	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Indigent. No support.	
13.	Who has charge and control of said children at the present time?	Nellie O'Neill.	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	1911 Oct 4		30 00	30 00	992	C. J. Miller ✓
Feb.	Jan 2		30 00	30 00	18	" ✓
Mar.						
April	9 1912		60 ~	60 ~	444	C. J. Miller
May	Jan 1		30 —	30 —	455	" " ✓
June	July 2		30 —	30 —	488	" " ✓
July	9		60 ~	60 ~	728	C. J. Miller
Aug.						
Sept.						
Oct.	5		60 —	60 —	995	C. J. Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		60 —	60 —	188	C. J. Miller ✓
Feb.						
Mar.						
Apr.	4		60 —	60 —	370	C. J. Miller
May						
June						
July	7		60 —	60 —	675	C. J. Miller
Aug.						
Sept.						
Oct.	3		60 —	60 —	929	C. J. Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	— 3		60 —	60 —	203	C. J. Miller
Feb.	Apr 3		60 ~	60 ~	454	C. J. Miller
Mar.	July 8		60 ~	60 ~	693	C. J. Miller
April	Oct 3		60 ~	60	890	C. J. Miller
May	Jan 8		60 ~	60 -	24	C. J. Miller
June	Apr 4		60 —	60	407	C. J. Miller
July	3		60 —	60 —	612	C. J. Miller
Aug.	Oct 7		60 —	60 —	730	C. J. Miller
Sept.	Jan 7		60 —	60 —	33	C. J. Miller
Oct.	Jan 6		60 —	60 —	288	C. J. Miller
Nov.	July 6		60 —	60 —	557	C. J. Miller
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Oct 7		60 00	60 00	910	C. J. Miller ✓
Feb.	Jan 4		45 00	45 00	11	C. J. Miller ✓
Mar.	Jan 6		45 00	45 00	381	C. J. Miller ✓
Apr.	July 6		45 00	45 00	515	" " ✓
May	Oct 5		45 —	45 —	832	" " ✓
June	Jan 3		45 —	45 —	18	" " ✓
July	Jan 5		45 —	45 —	335	" " ✓
Aug.	July 6		45 —	45 —	550	" " ✓
Sept.	Oct. 4		45 —	45 —	868	" " ✓
Oct.	Jan 3		45 —	45 —	11	" " ✓
Nov.	Jan 3		30 —	30 —	313	" " ✓
Dec.	July 6		30 —	30 —	763	" " ✓
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Rourke, James Dewey	5	6	Male	Grass Valley Nev Co Cal July 1898	1st Jan 9 1904	1st by Maggie Rourke.
(2)	Rourke, Mary Josephine	2	11	Female	" " " " " Jan 22, 1901	2nd " " "	2nd " Mary A. Davis
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 6 1908					Date Aid Discontinued	
(6)	Renewed in favor of Miss Mary A. Davis Page 104						

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ren orphan , half orphan or abandoned child ren	Both Children are half orphans.	Renewed Jan 7, 05 for $10.00 per mo.
3.	What are the names of the parents of such child ren?	James E Rourke father, now dead. Mother, Maggie Rourke.	Renewed for $10 per mo Jan 5, 1906
4.	Has said child ren any estate, or heir to any estate?	No Estate. No heir to any estate.	Reduced July 8-06 to $8 per mo
5.	Describe the estate, its location and value, including life insurance.		Renewed Jan 10, 1907 @ $8 per mo
6.	When and where did the parents of said child ren die?	Father died at Grass Valley Nev. Co Cal. Dec 21st 1903	Renewed Jan 11. 1908 $8 per mo
7.	Where were said parents born.	John E. Rourke father (now dead) born in Scotia Humboldt Co Cal. Maggie Rourke, mother born in Grass Valley Cal.	
8.	When were said parents married?	Apr. 18, 1897.	
9.	When did the parents come to California, and to this county?	Father came to County about 9 years ago. Mother born in Co.	
10.	Relation of applicant to child ren	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother. Grass Valley Nev. Co. Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child ren. If not, state why.	No finances. Health not good	
13.	Who has charge and control of said child ren at the present time?	Mother.	
14.	How much aid is necessary and how long will require it?	Unable to tell. if my circumstances are such or better, I might be able to do it. No income whatever.	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		30 \	30 \	487	C J Miller
	May						
	June						
	July	9		30 \	30 \	737	C J Miller
	Aug.						
	Sept.						
	Oct.	5		30 -	30 -	997	C J Miller
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		30 -	30 -	187	C J Miller
	Feb.						
	Mar.						
	Apr.	4		30 -	30 -	359	C J Miller
	May						
	June						
	July	7		30 -	30 -	676	C J Miller
	Aug.						
	Sept.						
	Oct.	3		30 -	30 -	908	C J Miller
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	~~3~~		30 -	~~30~~ -	204	C J Miller
	~~Feb.~~ Apr	3		30 -	30 -	456	C J Miller
	Mar. July	5		30 \	30 \	694	C J Miller.
	~~April~~ Oct	3		24 \	24 \	891	C J Miller
	May Jan	8		24 -	24 -	38	C J Miller
	June Apr	4		24 -	24 -	406	C. J. Miller
	July	3		24 -	24 -	611	C. J. Miller
	~~Aug.~~ Oct	7		24 -	24 -	732	C. J. Miller
	~~Sept.~~ Jan	7		24 -	24 -	32	C. J. Miller
	Oct Apr.	6		24 -	24 -	287	C. J. Miller
	Nov. July	6		24 -	24	558	C. J. Miller
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Rathburn, Edna	9	7	Female	Nevada Co Cal. June 1894	1st Jan 9 1904	1st by Anna Rathburn
(2)	Rathburn, Alice	8	6	Female	Nevada Co Cal July 1895	2nd " " "	2nd "
(3)	Rathburn, Sylvia	7	5	Female	Nevada Co Cal. Aug 1896	3rd " " "	3rd "
(4)						4th	4th "
(5)	Discontinued July 3, 1907					Date Aid Discontinued	July 3, 1907.
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~are orphan~~, half orphan ~~or abandoned child~~.		Renewed Jan 7, 1905 for $15.00 per mo
3.	What are the names of the parents of such child?	Charles E. Rathburn and Anna Rathburn	Renewed Jan 5, 1906. for $15 per mo
4.	Has said child any estate, or heir to any estate?	none	Reduced July 5-06 to $12 per mo.
5.	Describe the estate, its location and value, including life insurance.	none	Renewed Jan 10, 1907 @ $12 per mo
6.	When and where did the parents of said child die?	Charles E Rathburn died Oct 21, 1897.	
7.	Where were said parents born.	Charles E Rathburn. New York. Anna Rathburn Cal.	
8.	When were said parents married?	Nevada Co. January 1894	
9.	When did the parents come to California, and to this county?	Charles E. Rathburn. 1862.	
10.	Relation of applicant to child	mother	
11.	Are either or both of said parents living? If so give place of residence.	Anna Rathburn Nevada City Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent.	
13.	Who has charge and control of said child at the present time?	Anna Rathburn.	
14.	How much aid is necessary and how long will require it?	$18.75 per month. Can not state time required	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		45-	45-	474	Anna Rathburn
May						
June						
July	9		45-	45-	741	Anna Rathburn
Aug.						
Sept.						
Oct.	5		45-	45-	1031	Anna Rathburn
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45-	45-	211	Anna Rathburn
Feb.						
Mar.						
Apr.	4		45-	45-	392	Anna Rathburn
May						
June						
July	7		45-	45-	705	Anna Rathburn
Aug.						
Sept.						
Oct.	3		45-	45-	944	Anna Rathburn
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		45-	45-	217	Anna Rathburn
~~Feb.~~ Apr	3		45-	45-	479	Anna Rathburn
Mar. July	5		45-	45-	666	Anna Rathbun
April Oct	3		36-	36-	913	Anna Rathbun
May Jan	8		36-	36-	7	Anna Rathbin
June Apr	4		36-	36-	423	Anna Rathbun
July	3		36-	36-	626	P. H. Leonard
~~Aug.~~ Oct						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECCIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Rogers, Jane	11	6	Female	England July 1892	1st Jan 9 1904.	1st by Jane Rogers.
(2)					2nd	2nd "
(3)					3rd	3rd "
(4) Discontinued July 1905					4th	4th "
(5)					Date Aid Discontinued	July 1, 1905
(6)						

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~.		
3.	What are the names of the parents of such child ?	Samuel and Jane Rogers.	Renewed Jan 7, 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Samuel Rogers died in England July 12. 1895.	
7.	Where were said parents born.	England.	
8.	When were said parents married?	Nevada Co. August 1. 1884	
9.	When did the parents come to California, and to this county?	Samuel Rogers 1878. Jane Rogers 1862.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Jane Rogers Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent	
13.	Who has charge and control of said child at the present time?	Jane Rogers	
14.	How much aid is necessary and how long will require it?	$6.25 per mo. Can not state time	

REFERENCES:

190 4	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	449	C J Miller
May						
June						
July	9		15 -	15 -	730	C J Miller
Aug.						
Sept.						
Oct.	5		15 -	15 -	1000	C. J Miller
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	186	C J Miller
Feb.						
Mar.						
Apr.	4		15 -	15 -	368	C J Miller
May						
June						
July	7		15 -	15 -	677	C J Miller
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

40

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Rodda, Helene.	11	9	Female	Nevada Co Cal April 1892	1st Jan 9 1904	1st by Kate Rodda
(2)	Rodda, Josephine.	10	8	Female	Nevada Co Cal May 1893	2nd " " "	2nd "
(3)	Rodda, Clara	9	—	Female	Nevada Co Cal Jan 1895	3rd " " "	3rd "
(4)	Rodda, Grasie	4	9	Female	Nevada Co Cal Apr 1899	4th " " "	4th "
(5)						Date Aid Discontinued for Helena + Josephine.	
(6)					Discontinued Janiy 1, 1908.		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~an orphan~~, half orphan ~~or abandoned child~~.		
3.	What are the names of the parents of such child ~~are~~?	Joseph Rodda and Kate Rodda	Renewed Jan 7, 05 for $15.00 per mo.
4.	Has said child ~~are~~ any estate, or heir to any estate?	None	Renewed Jan 5, 1906 for $10 per mo
5.	Describe the estate, its location and value, including life insurance.	None	Reduced Jan 5-06 to $8 per mo
6.	When and where did the parents of said child ~~are~~ die?	Joseph Rodda died Feb. 15, 1900 in Placer Co Cal.	Renewed Jan 10 1907 @ $8 per mo.
7.	Where were said parents born.	England	~~Renewed Jan 11, 1908 $8.00 per mo~~
8.	When were said parents married?	Nevada Co Oct. 1880	
9.	When did the parents come to California, and to this county?	Kate Rodda, June 1885; Joseph Rodda 1870	
10.	Relation of applicant to child	Brother	
11.	Are either or both of said parents living? If so give place of residence.	Kate Rodda, Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent -	
13.	Who has charge and control of said child at the present time?	Kate Rodda.	
14.	How much aid is necessary and how long will require it?	6.25 per mo.	

REFERENCES:

1904	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		45-	45-	443	C. J. Miller
May						
June						
July	9		45-	45-	729	C J Miller
Aug.						
Sept.						
Oct.	5		45-	45-	1001	C J Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45-	45-	185	C J Miller
Feb.						
Mar.						
Apr.	4		45-	45-	369	C J Miller
May						
June						
July	7		45-	45-	678	C J Miller
Aug.						
Sept.						
Oct.	3		45-	45-	909	C J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		45-	45-	200	C J Miller
~~Feb.~~ Apr	3		30-	30-	455	C J Miller
Mar. July	5		30-	30-	695	C J Miller
~~April~~ Oct	3		24-	24-	892	C J Miller
May June	8		24-	24-	32	C J Miller
June Apr	4		24-	24-	405	C. J. Miller
July	3		24-	24-	610	C J Miller
~~Aug.~~ Oct.	7		24-	24-	733	C J Miller
~~Sept.~~ Jan	7.		24-	24-	31.	C J Miller
Oct.						
Nov.						
Dec.						
Total						

1907	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Stevenson Alice M.	9	1/2	female	Graniteville Nov. 17 1894	1st Jan 9 1904	1st by Matilda Stevenson.
(2) Stevenson Elbert R.	2	1/2	male.	" Nov 30 1901.	2nd " " "	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5) Discontinued April 3 1906					Date Aid Discontinued	
(6)						

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~are~~ orphan , half orphan or abandoned child.	Children are Half Orphans.	
3.	What are the names of the parents of such child ?	Elbert Duncan Stevenson (deceased) & Matilda Stevenson	Renewed Jan 7, 05 for $10.00 per mo,
4.	Has said child ~~are~~ any estate, or heir~~s~~ to any estate?	No	Renewed Jan 5, 1906 for $10 per mo
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child ~~are~~ die?	Father died at Graniteville Jan 21. 1903	
7.	Where were said parents born.	Father born at Bigelsboro. Arkansas. Mother born at Graniteville California.	
8.	When were said parents married?	Nov. 25th 1892	
9.	When did the parents come to California, and to this county?	Father came when two years old to Calif. to this Co. about 14 years ago. Mother was born in California.	
10.	Relation of applicant to child ~~ren~~	Mother.	
11.	Are either or both of said parents living? If so give place of residence.	Mother is living at Graniteville.	
12.	State the financial condition of said living parent and whether or not able to support said child ~~ren~~. If not, state why.	Has $300 only in Bank. and is obliged to remain at home. to care for the said children	
13.	Who has charge and control of said child ~~ren~~ at the present time?	The Mother	
14.	How much aid is necessary and how long will require it?	$6.25 ~~for each child~~. That is what I have been receiving, and would desire same until such time as I am better able to provide for them.	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	478	F. L. Arbogast
May						
June						
July	9		30 \	30 \	704	F. L. Arbogast
Aug.						
Sept.						
Oct.	5		30 -	30 -	1019	F. L. Arbogast
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	174	Matilda Stevenson
Feb.						
Mar.						
Apr.	4		30 —	30 —	400	F. L Arbogast
May						
June						
July	7		30 -	30 —	694	F. L. Arbogast
Aug.						
Sept.						
Oct.	3		30 —	30 —	902	F. L. Arbogast
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	180	F. L. Arbogast
~~Feb.~~ Apl	3		30 -	30 -	461	F. L. Arbogast
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Dever, Abbey.	12	3	female	Forest City Sierra Co. Dec 10 1891	1st Jan 9. 1904.	1st by Mrs Mary Squires
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued April 9th 1904					4th	4th "
(5)						Date Aid Discontinued	April 9th 1904
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, ~~half orphan, or abandoned child~~	/	
3.	What are the names of the parents of such child ?	Daniel and Marguerite Dever.	
4.	Has said child any estate, or heir to any estate?	Nothing	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Daniel Dever. Nevada City Cal. Aug 2 "03 Marguerite Dever. Forest City Sierra Co. 1897	
7.	Where were said parents born.	Daniel Dever Ireland. Marguerite Dever. Sierra Co Calif.	
8.	When were said parents married?	Sierra Co. Calif. 1875	
9.	When did the parents come to California, and to this county?	father 1868.	
10.	Relation of applicant to child	Aunt.	
11.	Are either or both of said parents living? If so give place of residence.	neither,	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	no. aid.	
13.	Who has charge and control of said child at the present time?	Mrs Mary Squires who has three children of her own.	
14.	How much aid is necessary and how long will require it?	$8 33 1/3 per month	

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Sharp, Jennie L.	12	9	female	Nevada Cy. 19 apr 1891	1st Jan 9 1904	1st by Alice E Sharp
(2)	Sharp. Alice. E.	10	7	female	Nevada Cy. 14 June 93	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5-06					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Renewed Jan 7, 1905 for $5.00 per mo
3.	What are the names of the parents of such child?	Robert Sharp & Alice E Sharp	Renewed Jan 5, 1906 for $5 per mo
4.	Has said child any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	father Nevada Cy Mar 19. '96	
7.	Where were said parents born.	father Greenville Illinois. Mother Adams Co Illinois	
8.	When were said parents married?	Feb 1879.	
9.	When did the parents come to California, and to this county?	Mar 8. 1888.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Nevada Cy Calif	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent. Unable to support children.	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	full amount. required now	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		30 \	30 \	464	Alice E. Sharp
	May						
	June						
	July	9		30 \	30 \	747	Alice Sharp
	Aug.						
	Sept.						
	Oct.	5		30 -	30 -	1034	Alice E Sharp
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		30 -	30 -	209	Alice E. Sharp.
	Feb.						
	Mar.						
	Apr.	4		15 -	15 -	391	Alice E. Sharp.
	May						
	June						
	July	7		15 -	15 -	706	Alice E. Sharp.
	Aug.						
	Sept.						
	Oct.	3		15 -	15 -	941	Alice E. Sharp.
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	4		15 -	15 -	229	Alice E Sharp.
	Feb.	3		15 -	15 -	477	Alice E. Sharp
	Mar. July	5		15 -	15 -	667	Alice E. Sharp.
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Stevens Leslie	11	2	Male	Grass Valley Cal Nov. 12. 92	1st Jan 9 1904	1st by Emma Stevens
(2)	Stevens Elaine	9	4	Female	Grass Valley Cal Aug 3 1, 9[illegible]	2nd " " "	2nd "
(3)						3rd	3rd "
(4)	Discontinued October 1st, 1906					4th	4th "
(5)						Date Aid Discontinued	October 1st, 1906
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans.	Renewed Jan 7, 05 for $10.00 per mo.
3.	What are the names of the parents of such child ?	William and Emma Stevens	Renewed Jan 5, 1906 for $10 per mo
4.	Has said child any estate, or heir to any estate?	Nothing	Reduced July 5-06 to $8 per mo
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	father 26 Nov. 1903 Grass Valley Calif	
7.	Where were said parents born.	father England Mother Plumas Co. Calif	
8.	When were said parents married?	1880	
9.	When did the parents come to California, and to this county?	Cant tell.	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Grass Valley Calif	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Small Home. Aged and feable health	
13.	Who has charge and control of said child at the present time?	Emma Stevens	
14.	How much aid is necessary and how long will require it?	full amount required time $25 per month each	

REFERENCES:

1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		30 -	30 -	456	C J Miller
May						
June						
July	9		30 -	30 -	717	C J Miller
Aug.						
Sept.						
Oct.	5		30 -	30 -	1002	C J Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	184	C J Miller
Feb.						
Mar.						
Apr.	4		30 -	30 -	367	C J Miller
May						
June						
July	7		30 -	30 -	679	C J Miller
Aug.						
Sept.						
Oct.	3		30 -	30 -	907	C J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	193	C J Miller
~~Feb~~ Apr	3		30 -	30 -	442	C J Miller
Mar. July	5		30 -	30 -	697	C J Miller
~~April~~ Oct	3		24 -	24 -	893	C J Miller
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Shea Hugh Leroy.	9	11	Male	San Francisco Feb 16. 1895	1st Jan 9 1904	1st by Mrs Agnes W Shea.
(2)	Shea Helen Catherine	8	6	Female	Lake City Mod Co Cal July 30 1896	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued Jan 1905					Date Aid Discontinued	Jan 1, 1905
(6)							

2. State whether the child, non-orphan, half orphan or abandoned child.
3. What are the names of the parents of such child ?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Said children are Half Orphans.
John Henry Shea the father, Agnes Winfred Shea the mother
No Estate nor heirs to any estate
There is no Estate or Life Insurance
The said father John Henry Shea died in San Francisco California May 4. 1900
Said John Henry Shea was born in Colchester Connecticut, Said Agnes Winfred Shea was born in Lake City Mod. Co. California
Said parents were married November 17. 1892.
Said father came to California about 20 years ago never a resident of Nevada County. Said mother returned to said Mod Co in Dec. 24. 1900.
Said applicant is the mother of said children.
The said mother only is living Res North Bloomfield Calif.
Said mother is financially unable to support said children and is not physically able to support them
Mrs Agnes Winfred Shea the said applicant
$4 25/100 $6 25/100 dollars per month each un-
til said children are able to earn their own living by manual labor or otherwise

REPORT OF INVESTIGATORS

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		30 -	30 -	479	F. L. Arbogast
	May						
	June						
	July	9		30 -	30 -	705	F. L. Arbogast
	Aug.						
	Sept.						
	Oct.	5		30 -	30 -	1025	F. L. Arbogast
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		30 00	30 -	173	F. L Arbogast
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Trethewey. Iola	9	11	Female	Grass Valley Cal. Feb. 1894	1st Jan 9 1904	1st by Mrs Amelia Eichel.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued April 9th 1904.					4th	4th "
(5)						Date Aid Discontinued	April 9th 1904
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~orphan~~, half orphan ~~or abandoned child~~		
3.	What are the names of the parents of such child ?	John and Amelia Trethewey.	
4.	Has said child any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.	nothing	
6.	When and where did the parents of said child die?	Amelia Trethewey Jan 17th 1902	
7.	Where were said parents born.	John Trethewey & Amelia Trethewey born California	
8.	When were said parents married?	Nevada Co Nov. 1891.	
9.	When did the parents come to California, and to this county?	Born	
10.	Relation of applicant to child	Grandmother	
11.	Are either or both of said parents living? If so give place of residence.	John Trethewey Nevada City Cal. Half Orphan.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent	
13.	Who has charge and control of said child at the present time?	Amelia Eichel	
14.	How much aid is necessary and how long will require it?	$6.25 per month. Time required can not state	

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Thomas, Lavinia	11	6	female	Nevada Cy Jly 12 '92.	1st Jan 9 1904	1st by Lavinia Thomas
(2)	Thomas, Harry	9	3	Male	San Francisco Oct 9 '94	2nd " " "	2nd "
(3)	Thomas, Jane	4	9	female	Nevada Cy Apl 7 99	3rd " " "	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued for Lavinia.	
(6)	Discontinued Oct 8 1908						

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Half Orphans	Renewed Jan 7, 05 for $10.00 per mo.
3.	What are the names of the parents of such children?	William & Lavinia Thomas	Renewed Jan 5, 1906 for $10 per mo
4.	Has said child any estate, or heir to any estate?	None	Reduced July 5-06 to $8 per mo
5.	Describe the estate, its location and value, including life insurance.	None	Renewed Jan 10, 1907 @ $8 per mo.
6.	When and where did the parents of said children die?	Father Nevada Cy Oct. 9 1900	Renewed Jan 11, 1908 $8 per mo
7.	Where were said parents born.	Father England. Mother Nevada Cy Calif	
8.	When were said parents married?	Oct. 1882	
9.	When did the parents come to California, and to this county?	Father 1879	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Nevada Cy Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Indigent. No Support	
13.	Who has charge and control of said children at the present time?	Lavinia Thomas	
14.	How much aid is necessary and how long will require it?	full amount.	

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		45 -	45 -	465	Lavinia Thomas
	May						
	June						
	July	9		45 -	45 -	748	Lavinia Thomas
	Aug.						
	Sept.						
	Oct.	5		45 -	45 -	1033	Lavinia Thomas
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		45 -	45 -	208	Lavinia Thomas
	Feb.						
	Mar.						
	Apr.	4		30 -	30 -	387	Lavinia Thomas.
	May						
	June						
	July	7		30 -	30 -	708	Lavinia Thomas
	Aug.						
	Sept.						
	Oct.	3		30 -	30 -	946	Lavinia Thomas.
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		30 -	30 -	222	Lavinia Thomas
	~~Feb.~~ Apr	3		30 -	30 -	478	Lavinia Thomas
	Mar. July	5		30 -	30 -	668	Lavinia Thomas.
	~~April~~ Oct	3		24 -	24 -	909	Lavinia Thomas
	May Jan	8		24 -	24 -	6	Lavinia Thomas
	June Apr	4		24 -	24	424	Lavinia Thomas
	July	3		24 -	24 -	633	Lavinia Thomas
	~~Aug.~~ Oct	7		24 -	24 -	724	Lavina Thomas
	~~Sept.~~ Jan	7		24 -	24	12	Lavinia Thomas
	Oct. Jan	6		24 -	24 -	805	Lavinia Thomas.
	Nov. July	6		24 -	24	527	Lavinia Thomas
	Dec.						
	Total						

ORDER	1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan.~~ Oct	7		24 00	24 00	890	Lavinia Thomas
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Tiddy, James S.	12	2	Male	Grass Valley Oct 15 1891.	1st Jan 9. 1904.	1st by Annie J Tiddy
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued April 9th 1904.					4th	4th "
(5)						Date Aid Discontinued	April 9th 1904
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphan
3. What are the names of the parents of such child? — James and Annie Tiddy.
4. Has said child any estate, or heir to any estate? — None
5. Describe the estate, its location and value, including life insurance. — None
6. When and where did the parents of said child die? — Father June 14 1895 Grass Valley
7. Where were said parents born. — Father England Mother Michigan
8. When were said parents married? — Jan 1. 1891.
9. When did the parents come to California, and to this county? — Father 1886 Mother 1876.
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — Mother Grass Valley Calif
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Indigent No Support.
13. Who has charge and control of said child at the present time? — Annie J Tiddy
14. How much aid is necessary and how long will require it? — Full amount full term

REPORT OF INVESTIGATORS

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECCIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Tindall, albert Robert	11	10	Male	Wheatland California March 18 1892	1st Jan 9 1904	1st by Mrs Ellen M. Tindell.
(2)	Tindall alvaro Lafayett.	6	11	Male	Bloomfield Nev Co California Con Feb 11, 1897	2nd " " "	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued Jan 1906					Date Aid Discontinued for Albert Jan 1906	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Said children are Half Orphans.	Renewed Jan 7, 05 for $10.00 per mo.
3.	What are the names of the parents of such children?	William Tindall the father, Ellen Tindell the mother	
4.	Has said children any estate, or heir to any estate?	Has no estate nor heir to any Estate	
5.	Describe the estate, its location and value, including life insurance.	No Estate	
6.	When and where did the parents of said children die?	At Bullards Bar on North Yuba in Yuba Co. the father of said children William Tindell died September 3, 1900	
7.	Where were said parents born.	Said William Tindell was born in Springfield Missouri Said Ellen Tindell was born in Long Valley Sierra Co California.	
8.	When were said parents married?	Said Parents were married at Reno Nevada State Dec. 18, 1882.	
9.	When did the parents come to California, and to this county?	The said William Tindell came to California in the year 1874. To Nevada Co in 1891	
10.	Relation of applicant to child	The said Ellen Tindell came to Nevada County California in the year 1891.	
11.	Are either or both of said parents living? If so give place of residence.	The said applicant is the mother of said children	
12.	State the financial condition of said living parent and whether or not able to support said children. If not, state why.	The father of said children is dead. The mother is living at North Bloomfield Cal. Said applicant is not financially or physically able to support said children.	
13.	Who has charge and control of said children at the present time?	The said applicant	
14.	How much aid is necessary and how long will require it?	Six 25/100 ($6 25/100) dollars per month until the said children are able to earn their own living by manual labor or otherwise.	

REFERENCES:

1904	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April	9		30 \	30 \	469	F. L. Arbogast
May						
June						
July	9		30 \	30 \	706	F. L. Arbogast
Aug.						
Sept.						
Oct.	5		30 -	30 -	1023	F. L. Arbogast
Nov.						
Dec.						
Total						

1905	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	5		30 -	30 -	172	F. L. Arbogast
Feb.						
Mar.						
Apr.	4		30 -	30 -	404	F. L. Arbogast
May						
June						
July	7		30 -	30 -	693	F. L. Arbogast
Aug.						
Sept.						
Oct.	3		30 -	30 -	901	F. L. Arbogast
Nov.						
Dec.						
Total						

1906	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	3		30 -	30 -	179	F. L. Arbogast
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

50

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Wear Clara	12	4	Female	Grass Valley Sept 3 '91	1st Jan 9. 1904.	1st by Mrs Susie Wear.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued April 9th 1904.					4th	4th "
(5)						Date Aid Discontinued	April 9th 1904
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	
3.	What are the names of the parents of such child?	Samuel A. and Susie Wear	
4.	Has said child any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	Father Nevada Co Feb. 14 '97.	
7.	Where were said parents born.	Father Missouri Mother Missouri	
8.	When were said parents married?	Feb 14. 1876.	
9.	When did the parents come to California, and to this county?	Father 1854. Mother 1864	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada Cy Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Mother. No support except $12.00 per month pension	
13.	Who has charge and control of said child at the present time?	Susie Wear.	
14.	How much aid is necessary and how long will require it?	required time $4.25 per month	

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
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July						
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Sept.						
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Nov.						
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Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Wilde, Raymond	9	1	Male	Grass Valley Dec 12 1894	1st Jan 9 1904	1st by Elizabeth Scadden.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5-1906					Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphan
3. What are the names of the parents of such child? — James and Lavinia Wilde
4. Has said child any estate, or heir to any estate? — none
5. Describe the estate, its location and value, including life insurance. — none
6. When and where did the parents of said child die? — Lavinia Wild. Jan 25, 1895
7. Where were said parents born. — Fathes Wisconsin Mothe Grass Valley Calif
8. When were said parents married? — Nov. 1881.
9. When did the parents come to California, and to this county? — 1869 about.
10. Relation of applicant to child — Grandmother
11. Are either or both of said parents living? If so give place of residence. — Father Grass Valley
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Indigent. No support.
13. Who has charge and control of said child at the present time? — Grandmother.
14. How much aid is necessary and how long will require it? — Full amount.

REPORT OF INVESTIGATORS

Renewed Jan 7, 05 for $5.00 per mo.
Renewed Jan 5, 1906 for $5 per mo.

REFERENCES:

ORDER	1904	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	9		15-	15-	476	Gertie Monro
	May						
	June						
	July	9		15-	15-	740	F. J. Calanan
	Aug.						
	Sept.						
	Oct.	5		15-	15-	1032	Gertie Munro.
	Nov.						
	Dec.						
	Total						

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		15-	15-	219	Elizabeth Scadden.
	Feb.						
	Mar.						
	Apr.	4		15-	15-	390	Sadie Bennett.
	May						
	June						
	July	7		15-	15-	709	Gertrude Monro
	Aug.						
	Sept.						
	Oct.	3		15-	15-	934	Gertie Monro
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		15-	15-	218	Elizabeth Scadden.
	Feb.	3		15-	15-	476	Gertie Monro
	Mar. July	5		15-	15-	669	N. N. Bennetts
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Wasley, Annie	13	9	Female	Nevada Co Cal April 1890.	1st Jan 9 1904	1st by Mrs Mary J. Wasley
(2) Wasley Clarence A.	10	10	Male	Nevada Co Cal Feb. 1893	2nd " " "	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5) Discontinued July 5, 1906					Date Aid Discontinued	
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child ~~orphan~~, half orphan ~~or abandoned child.~~		Renewed Jan 7, 05 for $5.00 per mo.
3. What are the names of the parents of such child ?	Thomas H. and Mary J. Wasley	Renewed Jan 5, 1906 for $5.00 per mo
4. Has said child any estate, or heir to any estate?	None.	
5. Describe the estate, its location and value, including life insurance.	None	
6. When and where did the parents of said child die?	Thomas H Wasley died Grass Valley Aug 4 1892	
7. Where were said parents born.	Thomas H Wasley born in England. Mary J Wasley born Oregon.	
8. When were said parents married?	Nevada Co August 16. 1884.	
9. When did the parents come to California, and to this county?	Thomas H Wasley about 1865. Mary J Wasley 1866.	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Mary J. Wasley. Grass Valley Cal	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Indigent	
13. Who has charge and control of said child at the present time?	Mary J. Wasley	
14. How much aid is necessary and how long will require it?		

REFERENCES:

1904	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	9		15 -	15 -	486	C J Miller
May						
June						
July	9		15 -	15 -	731	C J Miller
Aug.						
Sept.						
Oct.	5		15 -	15 -	999	C J Miller
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	183	C J Miller
Feb.						
Mar.						
Apr.	4		15 -	15 -	365	C J Miller
May						
June						
July	7		15 -	15 -	680	C J Miller
Aug.						
Sept.						
Oct.	3		15 -	15 -	906	C J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	192	C J Miller
~~Feb.~~ Apr	3		15 -	15 -	443	C J Miller
Mar. July	5		15 -	15 -	696	C J Miller
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Cole, William A 2 Live	12	11	Male	Grass Valley, May 23, 1891	1st April 5, 1904	1st by Ella Cole
(2)	Cole, Velma L. 2 Live	10	8	Female	" " July 23 1893	2nd " " "	2nd " " "
(3)	Cole, Algernon	8	7	Male	" " Sept 5, 1895	3rd " " "	3rd " " "
(4)	Cole, George F.	4	9	Male	" " July 15, 1899	4th " "	4th " " "
(5)						Date Aid Discontinued	for William A + Velma L
(6)					Discontinued July 6, 1909		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such child?	Wm A. Cole and Ella Cole	Favorable
4.	Has said child any estate, or heir to any estate?	Nothing	Renewed Jan 7, 1905 for $15.00 per mo.
5.	Describe the estate, its location and value, including life insurance.	None	Renewed Jan 5, 1906 for $15 per mo
6.	When and where did the parents of said child die?	Wm A Cole died Jan 27, 1904, at Grass Valley	Reduced July 5-06 to $12 per mo
7.	Where were said parents born.	Wm A Cole born in England. Ella Cole born Oregon	Renewed Jan 10, 1907 at $8 per mo
8.	When were said parents married?	June 23, 1888 at Grass Valley	Renewed Jan 11. 1908 $8.00 per mo
9.	When did the parents come to California, and to this county?	Wm Cole 1887 - Ella Cole 1868	" Jan 8, 1909 - 8 per mo.
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Ella Cole, Grass Valley, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	No income whatever	
13.	Who has charge and control of said child at the present time?	Ella Cole	
14.	How much aid is necessary and how long will require it?		

REFERENCES: C. H. Eddy, W. M. Treloar, C. E. Clinch

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July	9		45 -	45 -	738	C J Miller
	Aug.						
	Sept.						
	Oct.	5		45 -	45 -	1005	C J Miller
	Nov.						
	Dec.						
	Total						

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45 -	45 -	182	C J Miller
Feb.						
Mar.						
Apr.	4		45 -	45 -	364	C J Miller
May						
June						
July	7		45 -	45 -	681	C J Miller
Aug.						
Sept.						
Oct.	4		45 -	45 -	921	C J Miller
Nov.						
Dec.						
Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		45 -	45 -	191	C J Miller
	~~Feb~~ Apr	3		45 -	45 -	444	C J Miller
	Mar. July	5		45 -	45 -	698	C J Miller
	~~April~~ Oct	3		36 -	36 -	894	C J Miller
	~~May~~ Jan	8		36 -	36 -	30	C J Miller
	~~June~~ Apr	4		24 -	24 -	404	C J Miller
	July	3		24 -	24 -	609	C J Miller
	~~Aug.~~ Oct	7.		24 -	24 -	784	C J Miller
	~~Sept~~ Jan	7		24 -	24 -	30	C J Miller
	Oct. Apr	6		24 -	24 -	285	C J Miller
	Nov. July	6.		24 -	24 -	559	C J Miller
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct	7		24 00	24 00	912	C J Miller
Feb Jan	4		24 00	24 00	20	C J Miller
Mar. Apr	6		24 00	24 00	882	C J Miller
Apr. July	6		24 00	24 00	518	" "
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Nicholas, Wilma		5	Female	North Columbia, Cal	1st July 1, 1904	1st by Martha M. Nicholas
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Duplicate See Page 35					4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such child?	H. D. Nicholas and Martha M. Nicholas	
4.	Has said child any estate, or heir to any estate?	None	Favorable
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	H. D. Nicholas, died at North Columbia, Nov 22, 1903	
7.	Where were said parents born.	England	
8.	When were said parents married?	April 1885	
9.	When did the parents come to California, and to this county?	August 1885	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, at Co. Jail, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no means or no income whatever	
13.	Who has charge and control of said child at the present time?	The mother	
14.	How much aid is necessary and how long will require it?	$5.00 per mo. until mother can earn enough to support child.	

REFERENCES:

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.	5		15 -	15 -	1021	F. L. Arbogast
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	175	F. L Arbogast.
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Nicholas, Henry	17	3	Male	Grass Valley - Dec 30, 1891	1st April 5, 1904	1st by Mary Nicholas
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	Jan 1, 1906
(6)							

Applicant died - renewed in favor Mrs Ella Cole, page 68 Discontinued Jan 1906

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half-orphan	Favorable
3.	What are the names of the parents of such child ?	Henry & Mary Nicholas	Renewed Jan 7, 1905 for $5.00 per mo.
4.	Has said child any estate, or heir to any estate?	Nothing	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Henry Nicholas died Mch. 19, 1904 at Grass Valley	
7.	Where were said parents born.	England	
8.	When were said parents married?	England	
9.	When did the parents come to California, and to this county?	Father 1853 - Mother 1863	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mary Nicholas, Grass Valley, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Small Homestead - No income at all	
13.	Who has charge and control of said child at the present time?	Mary Nicholas	
14.	How much aid is necessary and how long will require it?		

REFERENCES: C. A. Eddy, Wm. Treloar, P. E. Church

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July	9		15 -	15 -	707	C J Miller
	Aug.						
	Sept.						
	Oct.	5		15 -	15 -	1004	C J Miller
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	181	J Miller
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Williams, Eugene	5	5	Male	Nevada Co - Feb 4 - 1899	1st July 11 1904	1st by Wm Williams
(2)	Williams, John (Dead 1-15-06)	4	5	male	Nevada Co - Feb 7 - 1900	2nd " " "	2nd " " "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5 1906					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Renewed Jan 7, 05 for $10.00 per mo Renewed Jan 5 1906 for $10 per mo
3.	What are the names of the parents of such child ?	Joseph Williams Jr & Mary Williams	
4.	Has said child any estate, or heir to any estate?	Yes	
5.	Describe the estate, its location and value, including life insurance.	2/3 undivided interest in N. E 1/4 of Sec 5 Tp 16, N. R 8 E. M. D M - 4 qtz mg claims + and a little household furniture - Worth about $200.	
6.	When and where did the parents of said child die?	Both in Nevada Co. Cal. Mother in May 1901, father on Jan 31, 1904	
7.	Where were said parents born.	Both in Nevada Co. Cal.	
8.	When were said parents married?	Dec 29, 1895	
9.	When did the parents come to California, and to this county?	Always lived in Nevada Co.	
10.	Relation of applicant to child	Uncle	
11.	Are either or both of said parents living? If so give place of residence.	No - Both are dead	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Estate produces no income whatever. The necessary expenses of sale will absorb considerable of it. There is no chance for sale now.	
13.	Who has charge and control of said child at the present time?	Affiant as guardian	
14.	How much aid is necessary and how long will require it?	Entire amt. until 14 yrs old	

REFERENCES: Chas. H. Kitts, Jno. Hulley, Ben Rose

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.	5		30 -	30 -	1018	Wm Williams
Nov.						
Dec.						
Total						

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	~~30~~ -	210	Wm Williams
Feb.						
Mar.						
Apr.	4		30 -	30 -	399	Wm Williams
May						
June						
July	7		30 -	30 -	687	Chas. H. Kitts
Aug.						
Sept.						
Oct.	3		30 -	30 -	897	Manuel Ignatio
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	178	Wm Williams
~~Feb~~ Apr	3		15 -	15 -	465	Wm Williams
Mar. July	5		15 -	15 -	714	Wm Williams
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Woodruff, Gladys Mis. –	9	7	Female	North Columbia Nov 26, 1894	1st July 1st 1904	1st by Minnie R Woodruff
(2) Woodruff, Elmer	7	10	Male	" " July 31, 1896	2nd " " "	2nd " " " "
(3) Woodruff, Howard	3	9	"	" " Sept 12, 1900	3rd " " "	3rd " " " "
(4)					4th	4th "
(5)					Date Aid Discontinued for Gladys	
(6)						

Discontinued July 6th 1910

2. State whether the child orphan, half orphan or abandoned child. — ANSWERS: Half orphans

3. What are the names of the parents of such child? — Lauren Woodruff & Minnie R. Woodruff

4. Has said child any estate, or heir to any estate? — Said children are not heirs to any estate of realty said children and their mother inherited $3000.00 through a life insurance policy in their favor upon the life of the father, the late Lauren Woodruff

5. Describe the estate, its location and value, including life insurance.

6. When and where did the parents of said child die? — Lauren Woodruff died at Columbia Hill, Dec 3, 1903

7. Where were said parents born. — Both in Nevada Co. Cal

8. When were said parents married? — Nevada Co. Cal Oct 24, 1893

9. When did the parents come to California, and to this county?

10. Relation of applicant to child — Mother

11. Are either or both of said parents living? If so give place of residence. — Minnie R. Woodruff, North Columbia, Cal

12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — The estate of the late Lauren Woodruff was consumed in paying creditors claims there being nothing left to said applicant but the said life insurance policy and she avers that she is not able to support said children by her labor or otherwise. (GO-1910)

13. Who has charge and control of said child at the present time? — Minnie R. Woodruff

14. How much aid is necessary and how long will require it? — $5.00 per mo for each child until they are able to earn their own support.

REPORT OF INVESTIGATORS — Renewed Jan 7, 1905 for $15.00 per mo. (Favorable) $15 — Renewed Jan 6, 1906 for $15 per mo — Reduced July 3-06 to $12 per mo — Renewed Jan 10, 1907 @ $15 per mo — Renewed Jan 11, 1908 $15 per mo — " Jan 8, 1909 $10 per mo — Renewed Jan 8th, 1910, $10 per mo.

REFERENCES: A. G. Beverton, A J McKinney, Stila McKinney

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.	5		45 –	45 –	1020	James Hatcher
	Nov.						
	Dec.						
	Total						

ORDER	190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		45 –	45 –	171	F. L. Arbogast
	Feb.						
	Mar.						
	Apr.	4		45 –	45 –	405	F. L Arbogast
	May						
	June						
	July	7		45 –	45 –	698	F. L Arbogast.
	Aug.						
	Sept.						
	Oct.	3		45 –	45 –	900	F. L. Arbogast.
	Nov.						
	Dec.						
	Total						

ORDER	190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		45 –	45 –	183	F. L. Arbogast
	~~Feb.~~ Apr	3		45 –	45 –	462	F. L. Arbogast
	Mar. July	5		45 –	45 –	709	F. L Arbogast.
	~~April~~ Oct	3		36 –	~~36~~ –	914	F. L Arbogast –
	May ~~Jan~~	8		36 –	36 –	2	Minnie R. Woodruff.
	~~June~~ Apr	4		45 –	45 –	403	C. J. Miller
	July	3		45 –	~~45~~ –	608	C. J. Miller
	~~Aug.~~ Oct.	7		45 –	45 –	735	C. J. Miller
	~~Sept.~~ Jan	7.		45 –	45	22.	C. J. Miller
	Oct. Apr.	6		45 –	45 –	286	C. J. Miller
	Nov July	6 –		45 –	45 –	554	C. J. Miller
	Dec						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan.~~ Oct	7		45 00	45 00	913	C. J. Miller ✓
	Feb. Jan	4		30 00	30 00	21	C. J. Miller ✓
	Mar. Apr	6		30 00	30 00	383	C. J. Miller ✓
	Apr. July	6		30 00	30 00	517	" " ✓
	May Oct	5		30 –	30 –	819	" " ✓
	June Jan	3		30 –	30 –	19	" " ✓
	July Apr	5		30 –	30 –	333	" " ✓
	Aug. July	6		30 –	30 –	564	" " ✓
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Kern Katie A.	12	5	Female	Boca, Nevada Co. Cal	1st April, 1904	1st by Linnie D Long
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued					4th	4th "
(5)	November 1905					Date Aid Discontinued	Nov 1, 1905
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphan
3. What are the names of the parents of such child? — Adam J Kern & Katie A Kern
4. Has said child any estate, or heir to any estate? — No
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? — Mother died in Truckee, July 1893
7. Where were said parents born. — Germany
8. When were said parents married? — Nevada Co, 1890
9. When did the parents come to California, and to this county? — Father, 1880 – Mother 1889
10. Relation of applicant to child — No Relation
11. Are either or both of said parents living? If so give place of residence. — Adam Kern last heard of in Butte, Montana in 1902
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — He has abandoned said child and done nothing for her support for four years.
13. Who has charge and control of said child at the present time? — Linnie D. Long.
14. How much aid is necessary and how long will require it? — $6.25. Dont know how long she will require it.

REPORT OF INVESTIGATORS: Renewed June 7, 1905 for $5.00 per mo. Favorable

REFERENCES: H. F. Hilkie, P. M. Doyle, F. M. Rutherford

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.	6		15-	15-	1043	John Fay
Nov.						
Dec.						
Total						

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15-	15-	169	John Fay
Feb.						
Mar.						
Apr.	4		15-	15-	395	John Fay
May						
June						
July	7		15-	15-	694	John Fay
Aug.						
Sept.						
Oct.	3		15-	15-	894	John Fay
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		5-	5-	174	John Fay
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Barili, C.	5	3	Male	Switzerland Dec 28-1898	1st April 1, 1904	1st by (Maria Minna) Mary Spagnolli
(2)						2nd	2nd "
(3)						3rd	3rd " Cert. of death.
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. Whole Orphan
3. What are the names of the parents of such child? B. Barili, Kate Barili
4. Has said child any estate, or heir to any estate? No
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? In Switzerland - Switzerland January 1898
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county? Never lived here, child sent to grand father who died May 28, 1903
10. Relation of applicant to child Grand Mother.
11. Are either or both of said parents living? If so give place of residence. No
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. Both Dead
13. Who has charge and control of said child at the present time? Maria Minna) Mary Spagnolli
14. How much aid is necessary and how long will require it? $12.50 per mo.

REPORT OF INVESTIGATORS

Renewed Jan 7, 1905 - for $6.66⅔ per mo.
Renewed Jan 5, 1906 for $6.66⅔ per mo
Favorably
Reduced July 5 1906 to $5 per mo
Renewed Jan 10, 1907 @ $5 per mo
Renewed Jan 11, 1908 @ $5 per mo
Renewed April 9, 1909 @ 5 per mo.
" Jan 8, 1910 - $5 per mo
" " 7, 1911 $5 per mo

REFERENCES: H. F. Wilkie, H. K. Gage. Wm McDougald

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	1904						
	Jan.	4		15 00	15 00	978	John Fay
	Feb.	2		15 00	15 00	34	" "
	Mar.	1		15 -	15 -	474	" "
	April	2		15 -	15 -	793	" "
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.	6		20 -	20 -	1042	John Fay
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	1905						
	Jan.	5		20 -	20 -	170	John Fay
	Feb.						
	Mar.						
	Apr.	4		20 -	20 -	396	John Fay
	May						
	June						
	July	7		20 -	20 -	690	John Fay.
	Aug.						
	Sept.						
	Oct.	3		20 -	20 -	896	John Fay
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		20 —	20 —	175	John Fay
	Feb.	3		20 -	20 -	430	John Fay
	Mar.	5		20 -	20 -	708	John Fay
	April	3		15 -	15 -	913	John Fay
	May	8		15 -	15 -	37	John Fay
	June	4		15 —	15	391	John Fay
	July	3		15 -	15 -	635	John Fay.
	Aug.	7		15 -	15 -	751	John Fay.
	Sept.	7		15 -	15 -	5	John Fay.
	Oct.	6		15 -	15 -	306	John Fay.
	Nov.	6		15 -	15 -	532	John Fay
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	7		15 00	15 00	897	John Fay
	Feb.	4		15 00	15 00	81	" "
	Mar.	6		15 00	15 00	505	" "
	Apr.	5		15 —	15 —	839	" "
	May	3		15 —	15 —	24	" "
	June	5		15 —	15 —	353	" "
	July	6		15 -	15 -	541	" "
	Aug.	4		15 -	15 -	856	" "
	Sept.	1		15 -	15 -	1	" "
	Oct.	6		15 —	15 —	774	" "
	Nov.	3		15 —	15 —	340	" "
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Devine, Marguerite	12	7	Female	Sacramento Mar 2 1892	1st Oct 4, 1904	1st by Emma Devine
(2)	Devine, Martin	7	3	Male	Sacramento, July 11, 1897	2nd Oct 4, 1904	2nd " Emma Devine
(3)						3rd	3rd "
(4)	Discontinued Oct 1905					4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~heir~~ orphan, half orphan or abandoned child.	Half-Orphans	Renewed Jan 7, 05 for $10.00 per mo.
3.	What are the names of the parents of such child?	Emma Devine and Martin Devine	Favorable
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	—	
6.	When and where did the parents of said child die?	Martin Devine, Nov 13, 1897 Sacramento Cal	
7.	Where were said parents born.	Martin Devine, California- Emma Devine Sweden	
8.	When were said parents married?	May 2, 1891	
9.	When did the parents come to California, and to this county?	Mother Cal. 1888. County 1904	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Emma Devine. Nevada City, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	None	
13.	Who has charge and control of said child at the present time?	Full amount as long as possible	
14.	How much aid is necessary and how long will require it?	Emma Devine	

REFERENCES: Sidney J Beard, C. Femby Jr. C. Christenson

1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		30 -	30 -	218	Emma Devine
Feb.						
Mar.						
April	4		30 -	30 -	383	Emma Devine
May						
June						
July	7		30 -	30 -	714	Emma Devine
Aug.						
Sept.						
Oct.	3		30 -	30 -	938	Emma Devine
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Hallenshed, Fred	12	4	M.	Cal. June 12, 1892	1st Oct 3, 1904	1st by Vina Hallenshed
(2) Hallenshed, Eddie	10	9	M.	Cal. Jany 30 1894	2nd Oct 3, 1904	2nd " Vina Hallenshed
(3)					3rd	3rd "
(4) Discontinued April 1905					4th	4th "
(5)					Date Aid Discontinued	Apr 1/1905
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child yes orphan, half orphan or abandoned child.	Half Orphans	Favorable
3. What are the names of the parents of such child ?	William & Vina Hallenshed.	Renewed Jan 7, 1905 for $10.00 per mo.
4. Has said child any estate, or heir to any estate?	Nothing	
5. Describe the estate, its location and value, including life insurance.		
6. When and where did the parents of said child die?	Wm Hallenshed, Fresno, Cal 1899	
7. Where were said parents born.	Wm Hallenshed, Georgia, Vina Hallenshed, Alabama	
8. When were said parents married?	Georgia 1872	
9. When did the parents come to California, and to this county?	California 1887, County 1904	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Vina Hallenshed, Grass Valley, Cal	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Nothing	
13. Who has charge and control of said child at the present time?	Vina Hallenshed	
14. How much aid is necessary and how long will require it?		

REFERENCES: John P. Schmidt, Walter Canon, Arthur Powell.

ORDER	1905	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		30 -	30 -	193	J J Miller
	Feb.						
	Mar.						
	April	4		30 -	30 -	363	J J Miller
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Williams, Josephine Mary	3	5	F.	Nev. Co. April 28, 1901	1st Oct 7, 1904	1st by Manuel Ignatio
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued Jan 10, 1907					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	2 Full Orphan	Renewed Jan 7, 1905 for $5.00 per mo.
3.	What are the names of the parents of such child ?	3 Father, Joseph Williams - Mother Mary Williams	Renewed Jan 5, 1906 for $5 per mo
4.	Has said child any estate, or heir to any estate?	4 Yes, the child has a small estate, derived from her father	Renewed April 1st 1907 for $5 per mo.
5.	Describe the estate, its location and value, including life insurance.	5 One third interest in some land westerly of Nevada City, about 5 miles and also same interest in small amount of personal property. This interest will fully appear in Inventory of estate on file in Probate Court	
6.	When and where did the parents of said child die?	6 Nevada Co, Cal, Mother May 10, 1901. Father May 31 1904	
7.	Where were said parents born.	Nevada County, California	
8.	When were said parents married?	December 1896	
9.	When did the parents come to California, and to this county?	Born here	
10.	Relation of applicant to child	Grand father	
11.	Are either or both of said parents living? If so give place of residence.	No	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.		
13.	Who has charge and control of said child at the present time?	I have as Guardian	
14.	How much aid is necessary and how long will require it?	She should be allowed $8.00 per month; I cannot say how long it will be required, but certainly for several years.	

REFERENCES: T. H. Sugourney, Wm H Smith, D C Doyle.

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		15 -	15 -	220	Manuel Ignatio
Feb.						
Mar.						
April	4		15 -	15 -	382	Manuel Ignatio
May						
June						
July	7		15 -	15 -	707	Manuel Ignatio
Aug.						
Sept.						
Oct.	3		15 -	15 -	940	Manuel Ignatio
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	220	Wm Williams
~~Feb.~~ Apr	3		15 -	15 -	475	Manuel Ignatio
Mar. July	5		15 -	15 -	672	Manuel Ignatio
April Oct	3		15 -	15 -	924	Manuel Ignatio
May Jan	8		15 -	15 -	13	Manuel Ignatio
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Williams, William H	11	3	Male	Nevada Co. July 13, 1893	1st Oct 5 1904	1st by Sarah J Williams
(2)	Williams, George W.	7	3	Male	Nevada Co July 3, 1897	2nd Oct 5, 1904	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued October 7, 1907					Date Aid Discontinued	October 7, 1907
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans
3. What are the names of the parents of such child? — William Williams & Sarah Williams
4. Has said child any estate, or heir to any estate? — Small Home
5. Describe the estate, its location and value, including life insurance. — W^m Williams carried life insurance to amount of $1500, nothing yet. may settle for $1000.00
6. When and where did the parents of said child die? — W^m Williams, died July 20, 1904 at Nevada City
7. Where were said parents born. — England
8. When were said parents married? — August 14, 1892
9. When did the parents come to California, and to this county? — May 14, 1892
10. Relation of applicant to child — mother
11. Are either or both of said parents living? If so give place of residence. — Sarah J. Williams Nevada City, Cal
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Have Nothing
13. Who has charge and control of said child at the present time? — Sarah J Williams
14. How much aid is necessary and how long will require it? —

REPORT OF INVESTIGATORS

Renewed Jan 7, 1905 for 10.00 per mo.
Renewed Jan 5, 1906 for $10 per mo
Reduced July 5 06 to $8 per mo
Renewed Jan 10, 1907 at $8 per mo

REFERENCES: John Delbridge, B. F. Sneel, W. G Richards

ORDER	190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		30 -	30 -	729	Sarah Jane Williams
	Feb.						
	Mar.						
	April	4		30 -	30 -	394	Sarah J. Williams
	May						
	June						
	July	7		30 -	30 -	713	Sarah J Williams
	Aug.						
	Sept.						
	Oct.	3		30 -	3	945	Sarah J Williams
	Nov.						
	Dec.						
	Total						

ORDER	190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	2		30 -	30 -	273	Sarah J Williams
	~~Feb.~~ Apr	3		30 -	30 -	472	Sarah J Williams
	Mar. July	5		30 -	30 -	665	Sarah J Williams
	April Oct	3		24 -	24 -	921	Sarah J Williams
	May Jan	8		24 -	24 -	9	Sarah J Williams
	June Apr	4		24	24	422	Sarah J. Williams
	July	8		24 -	24	627	Sarah J Williams
	~~Aug.~~ Oct	7		24 -	24	752	Sarah J Williams
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Clark, Ray	4	5	Male	Nevada City Aug 23, 1900	1st Jan 7, 1905	1st by Beatrice Clark
(2)	Clark, Howard	1	2	Male	" " Nov 7th 1903	2nd " " "	2nd "
(3)						3rd	3rd "
(4)	January 13th 1905 $10.00 per mo. allowed.					4th	4th "
(5)	Discontinued January 1907					Date Aid Discontinued	January, 1907
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Jan 5, 1906, renewed for $10 per mo.
3.	What are the names of the parents of such child yes?	Beatrice & Ollie A. Clark	Renewed Jan 10, 1907 @ $10 per mo
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Ollie A. Clark Dec 13, 1904, Nev. City Cal.	
7.	Where were said parents born.	California	Favorable
8.	When were said parents married?	July 2nd 1900.	
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child yes	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Beatrice Clark Nevada City Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Nothing with which to support children	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	full amount, full time	

REFERENCES: Gustave Fischer, Chas A Eddy, Richard Gilbert.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	4		30 -	30 -	393	Beatrice Clark
May						
June						
July	7		30 -	30 -	711	Beatrice Clark.
Aug.						
Sept.						
Oct.	3		30 -	30 -	937	Beatrice Clark
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	271	Beatrice Clark
~~Feb~~ Apr	3		30 -	30 -	473	Beatrice Clark
Mar. July	5		30 -	30 -	670	Beatrice Clark
~~April~~ Oct	2		30 -	30 -	911	Beatrice Clarke
May Jan	8		30 -	30 -	14	Beatrice Clarke
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Orzalli, Mary (dism)	12	4	Female	Chicago Park, Cal. Aug 8, 1892	1st Jan 7, 1905	1st by Rossi Orzalli
(2)	Orzalli, John (dism)	10	8	Male	" " " Apr. 17, 1894	2nd " " "	2nd " " "
(3)	Orzalli, Rosaline	8	3	Female	" " " Sept 22, 1896	3rd " " "	3rd " " "
(4)	Orzalli, Flora	6	7	Female	" " " May 7, 1898	4th " " "	4th " " "
(5)	January 13th, 1905	$10.00	per mo.	Discontinued July 6th, 1910		Date Aid Discontinued	for Mary + John
(6)							

		ANSWERS	REPORT OF INVESTIGATORS
2.	State whether the child/ren orphan , half orphan or abandoned child.	Half orphans	Renewed Jan 5, 1906 for $15 per mo
3.	What are the names of the parents of such child/ren?	Rossi and Antone Orzalli	Renewed Jan 10, 1907 at $15 per mo.
4.	Has said child/ren any estate, or heir to any estate?	with mother small home	Renewed Jan 11, 1908 at $15 per mo.
5.	Describe the estate, its location and value, including life insurance.		Favorable
6.	When and where did the parents of said child/ren die?	father, Chicago Park, Dec 18, 1904	" April 6, 1908 at 10 per mo.
7.	Where were said parents born.	Italy	" Jan 8, 1909 " 10 per mo.
8.	When were said parents married?	Jan, 1892	" " 16, 1910 - 10 per mo.
9.	When did the parents come to California, and to this county?	Cal, Mother, 1891 - father 1861 - County - father 1862, Mother 1891	
10.	Relation of applicant to child/ren	Mother	
11.	Are either or both of said parents living? If so give place of residence.	", Chicago Park, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Nothing but small home	
13.	Who has charge and control of said child/ren at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	full amt, full time	

REFERENCES:

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	4		30 -	30 -	360	C J Miller
	May						
	June						
	July	7		30 -	30 -	682	C J Miller
	Aug.						
	Sept.						
	Oct.	3		30 -	30 -	930	C J Miller
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		30 -	30 -	189	C J Miller
	~~Feb.~~ Apr	3		45 -	45 -	452	C J Miller
	Mar. July	5		45 -	45 -	700	Rossi Orzalli by C J Miller
	~~April~~ Oct	3		45 -	45 -	894	C J Miller
	May Jan	8		45 -	45 -	28	C J Miller
	June Apr	4		45	45	402	C. J. Miller
	July	3		45 -	45 -	607	C J Miller
	~~Aug.~~ Oct	7		45 -	45 -	786	C J Miller
	~~Sept.~~ Jan	7 -		45 -	45 -	21	C J Miller
	Oct. Jan	6		45 -	45 -	281	C J Miller
	Nov. July	6		30 -	30 -	562	C. J. Miller
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan. Oct	7		30 00	30 00	914	C J Miller
	Feb. Jan	4		30 00	30 00	19	C J Miller
	Mar. Apr	6		30 00	30 00	391	C J Miller
	Apr. July	6		30 00	30 00	520	C J "
	May Oct	5		30 -	30 -	820	" "
	June Jan	3		30 -	30 -	15	" "
	July Apr	5		30 -	30 -	334	" "
	Aug. July	6		30 -	30 -	552	" "
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Scoble, Mardel	7	4	Female	Grass Valley, Cal. Sept 5, 1897	1st Jan 7, 1905	1st by Lavinia Scoble
(2)	Scoble, Alfred	4	10	Male	Amador Co. April 23, 1900	2nd " " "	2nd " " "
(3)	Scoble, Thomas		4	"	Grass Valley, Cal. Aug 28, 1904	3rd " " "	3rd " " "
(4)						4th	4th "
(5)	January 13th 1905, $15.00 per mo, allowed.					Date Aid Discontinued	Oct 10th 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child/ren orphan , half orphan or abandoned child.	Half orphans	
3.	What are the names of the parents of such child/ren ?	Alfred Scoble and Lavina Scoble	
4.	Has said child/ren any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child/ren die?	Grass Valley, Jan 7, 1905 Alfred Scoble, G.S. California	
7.	Where were said parents born.	Nevada Co, Cal. June 6, 1896.	Favorable
8.	When were said parents married?		
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child/ren	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Grass Valley, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Nothing whatever	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

1905	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April	4		45-	45-	361	C J Miller
May						
June						
July	7		45-	45-	683	C J Miller
Aug.						
Sept.						
Oct.	3		45-	45-	947	J Miller
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Sebley, Elise M.	8	11	Female	Howland Flat, Jan 29, 1896	1st Jan 7, 1905	1st by Lizzie Sebley
(2)	Sebley, Lizzie V.	7	9	"	" " Mar. 29, 1897	2nd " " "	2nd " " "
(3)						3rd	3rd "
(4)	January 13th $10.00 per mo allowed					4th	4th "
(5)	July					Date Aid Discontinued	July 1st 1905
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ren orphan , half orphan or abandoned child.	Half orphans	
3.	What are the names of the parents of such child ren ?	Alexander S. Sebley, Lizzie Sebley	
4.	Has said child ren any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child ren die?	father, Howland Flat, Sierra Co. May 30, 1899	Favorable
7.	Where were said parents born.	Sierra Co, Cal.	
8.	When were said parents married?	May 8, 1895, Sierra Co. Cal	
9.	When did the parents come to California, and to this county?	County, Aug 7, 1904.	
10.	Relation of applicant to child ren	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada City, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	I am poor, and have no support whatsoever, and besides I have poor health and cannot stand to work hard as I am not strong	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	full time, full amount	

REFERENCES:

ORDER	190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April	4		30 -	30 -	406	Lizzie Selby
	May						
	June						
	July	7		30 -	30 -	710	Lizzie Sebley
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Nicholls, Richard Henry	13	3	M.	Grass Valley, Dec. 30, 1891	1st April 5, 1905	1st by Ella Cole (Guardian)
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	April 7th 1905 $5.00 per. mo allowed					4th	4th "
(5)						Date Aid Discontinued	January 1st 1906
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, ~~half orphan~~ ~~or abandoned child~~.	Orphan	
3.	What are the names of the parents of such child?	Mary and Henry Nicholls	
4.	Has said child any estate, or heir to any estate?	1/3 int in estate of Mary Nicholls, decd,	
5.	Describe the estate, its location and value, including life insurance.	Small Homestead at G. V. nominal value	Favorable
6.	When and where did the parents of said child die?	Grass Valley - Father Mch 19, 1904 - Mother Feb 28/04	
7.	Where were said parents born.	England	
8.	When were said parents married?	England	
9.	When did the parents come to California, and to this county?	1860	
10.	Relation of applicant to child	Guardian	
11.	Are either or both of said parents living? If so give place of residence.	No.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	—	
13.	Who has charge and control of said child at the present time?	Mrs Ella Cole (Guardian)	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July	7		15-	15-	684	C J Miller
Aug.						
Sept.						
Oct.	3		15-	15-	921	C J Miller
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15-	15-	190	C J Miller
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Bawden, Ernest J. (dis)	12	3	M.	Grass Valley - Jan 8, 1893	1st April 4, 1905	1st by William Stevens Jr (Guardian)
(2)	Bawden, Edgar C (dis)	10	4	M.	Grass Valley - Nov 20, 1894	2nd	2nd "
(3)	Bawden, Inez L.	8	4	F.	Grass Valley - Dec 6, 1896	3rd	3rd "
(4)	Bawden, Frances K.	5	4	M.	Grass Valley - Dec 19, 1899	4th	4th "
(5)	April, 1905 - $20.00 per mo. allowed.					Date Aid Discontinued for Ernest J.	
(6)						Discontinued Oct 4, 1910	

2. State whether the child/ren orphan , half orphan or abandoned child.
3. What are the names of the parents of such child/ren ?
4. Has said child/ren any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child/ren die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Orphans
Wm A and Emily Bawden
1/7 interest each estate W. A. Bawden, dec'd
2 dwelling houses valued about $1000.00 mortgaged $800 mar 10
Mother. San Francisco, Dec 24th, 1900 - Father G.U. 1905
England
Dec 16, 1880
1879
(Guardian)
No

William Stevens Jr. (Guardian)

REPORT OF INVESTIGATORS

Renewed Jan 5, 1906 for $20 per mo.
Renewed July 5-06 for $15 per mo.
Renewed Jan 10, 1907 for $15 per mo
Renewed Jan 11, 1908 for $15 per mo
Renewed April 9, 1909 for 10 per mo.
Favorable
Renewed Jan 10, 1910 " 10 per mo.

REFERENCES:

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June	7		60 -	60 -	686	E J Miller
	July						
	Aug.						
	Sept.						
	Oct.	3		60 -	60 -	973	E J Miller
	Nov.						
	Dec.						
	Total						

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		60 -	60 -	188	E J Miller
	~~Feb~~ Mar	3		60 -	60 -	451	E J Miller
	Mar July	5		60 -	60 -	699	E J Miller
	~~April~~ Oct	3		45 -	45 -	895	E J Miller
	May Jan	8		45 -	45 -	27	E J Miller
	June Apr	4		45 -	45	401	E. J Miller
	July	8		45 -	45 -	606	E. J. Miller
	~~Aug~~ Oct	7		45 -	45 -	737	E. J. Miller
	~~Sept~~ Jan	7		45 -	45 -	20	E. J. Miller
	Oct Jan	6		45 -	45 -	279	E. J. Miller
	Nov July	6		45 -	45 -	543	E. J. Miller
	Dec Oct	9		45 -	45 -	784	E. J. Miller
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	7	1909	45 -	45 -	186	E. J. Miller ✓
	~~Feb~~ July	6		30 -	30 -	519	" " ✓
	Mar Oct	5		30 -	30 -	829	" " ✓
	Apr Jan	3		30 -	30 -	6	" " ✓
	May Jan	5		30 -	30 -	332	" " ✓
	June July	6		30 -	30 -	547	" " ✓
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Noell, Francis	3	6	F.	Grass Valley Dec. 24. 1901	1st July 5. 1905	1st by Mrs Bee Noell
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued				July 5, 1906	Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child is orphan, half orphan or abandoned child.	Half Orphan.	Renewed Jan 5, 1906 at $5 per mo
3.	What are the names of the parents of such child?	Howard and Bee Noell	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	—	
6.	When and where did the parents of said child die?	Howard Noell died Grass Valley Apr 13 1905.	Favorably.
7.	Where were said parents born.	Father California. Mother in Nevada	
8.	When were said parents married?	May 1. 1901.	
9.	When did the parents come to California, and to this county?	May 1892	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Bee Noell living Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Nothing	
13.	Who has charge and control of said child at the present time?	Bee Noell.	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.	3		15-	15-	933	Bee Noell by Gm.
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15-	187	C J Miller
~~Feb.~~ Apr	3		15 -	15-	450	C J Miller
Mar. July	5		15 -	15-	702	C J Miller.
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Cummins Basil	11	4	M.	North Bloomfield Feb 9 1894.	1st July 1-1905.	1st by Mrs Jennie Cummins.
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued July 5. 1906					4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Renewed Jan 5, 1906. at $5 per mo.
3.	What are the names of the parents of such child?	Father Michael Cummins Mother Jennie Cummins	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	—	Favorably
6.	When and where did the parents of said child die?	Father died Feb 3. 1905 North Bloomfield	
7.	Where were said parents born.	M. Cummins born in Ireland J. Cummins Nev Co Cal.	
8.	When were said parents married?	Nov. 19. 1890.	
9.	When did the parents come to California, and to this county?	Father 1873	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother Jennie Cummins	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Not Financial able.	
13.	Who has charge and control of said child at the present time?	Jennie Cummins	
14.	How much aid is necessary and how long will require it?	$5.00 (five dollars)	

REFERENCES:

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.	3		15 -	15 -	904	F. L Arbogast.
	Nov.						
	Dec.						
	Total						

ORDER	190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	3		15 -	15-	184	F. L Arbogast.
	~~Feb.~~ Mar.	3		15 -	15-	463	F. L. Arbogast
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Harrigan, Silas	12	4	M	Visalia - Nov. 28, 1892	1st Mch 31, 1905	1st by Clara Van Wagner
(2)	Harrigan, John	10	10	M	Truckee - May 12, 1894	2nd	2nd "
(3)	Harrigan, Wm	9	1	M.	Truckee - Mch 10, 1896	3rd	3rd "
(4)						4th	4th "
(5)	April, 1905 $10.00 per mo, allowed.					Date Aid Discontinued	January 1st 1906
(6)							

ANSWERS:

2. State whether the child/ren orphan , half orphan or abandoned child.
   Half Orphans
3. What are the names of the parents of such child/ren?
   Timothy Harrigan and Sarah Jane Harrigan
4. Has said child/ren any estate, or heir to any estate?
   No
5. Describe the estate, its location and value, including life insurance.
   Timothy Harrigan, Arkansas Oct 17-1902
6. When and where did the parents of said child/ren die?
   Father New Brunswick
7. Where were said parents born.
   —
8. When were said parents married?
   California 1880 Nevada Co 1893
9. When did the parents come to California, and to this county?
   Sister
10. Relation of applicant to child/ren
    Father dead - Mother resides at Truckee, Cal. She so lonely stricken, so addicted to use of liquor, too sick to work to support children at all. Contributes nothing to their support this winter
    Clara Van Wagner
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child/ren. If not, state why.
13. Who has charge and control of said child/ren at the present time?
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Renewed June 5, 1906 for $10 per mo

Favorable

REFERENCES:

190 5	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July	7		30 -	30 -	693	John Fay
Aug.						
Sept.						
Oct.	3		30 -	30 -	894	John Fay
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	176	John Fay
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Floyd, Joseph A.		8	m.	Nevada City - Aug 28, 1904	1st April 6, 1905	1st by Marie E. Floyd
(2)						2nd	2nd "
(3)	Discontinued July 5 1906					3rd	3rd "
(4)						4th	4th "
(5)	April, 1905 $5.00 per mo allowed.					Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child.
Half Orphan

3. What are the names of the parents of such child?
Joseph and Marie E Floyd

4. Has said child any estate, or heir to any estate?
Small Home

5. Describe the estate, its location and value, including life insurance.
No life Ins.

6. When and where did the parents of said child die?
Joseph Floyd, Nevada City Jan 16, 1904

7. Where were said parents born.
Father England - Mother California

8. When were said parents married?
Oroville, Cal, Jan 28, 1897

9. When did the parents come to California, and to this county?
Mother

10. Relation of applicant to child
Mother, Nevada City, Cal

11. Are either or both of said parents living? If so give place of residence.
Nothing other than is received

12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
by applicants own labor

13. Who has charge and control of said child at the present time?
Marie E. Floyd

14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Renewed Jan 5, 1906 @ $5 per mo.

Favorable

REFERENCES:

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July	7	~~15~~ -	15 -	15 -	712	Sidney J Reard.
Aug.						
Sept.						
Oct.	5		15 -	15 -	948	Sidney J Reard
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		15 -	15 -	214	Mary E. Floyd.
~~Feb.~~ Apr	3		15 -	15 -	474	Mary E. Floyd
Mar. July	5		15 -	15 -	671	Mary E. Floyd.
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	Place and Date of Birth	Date Application was Filed	Application Signed
(1) Bruce, annie	9	11	F	Grass Valley Aug 7 1895	1st July 1. 1905.	1st by Bessie Bruce
(2)					2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5) Discontinued July 5 1906					Date Aid Discontinued	
(6)						

		ANSWERS:
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan
3.	What are the names of the parents of such child?	Augus and Bessie Bruce
4.	Has said child any estate, or heir to any estate?	No Estate
5.	Describe the estate, its location and value, including life insurance.	No Life Insurance
6.	When and where did the parents of said child die?	Augus Bruce died Tonopah Apr 18. 1905.
7.	Where were said parents born.	Mother Pennsylvania. Father Prince E. Island
8.	When were said parents married?	Nov 18. 1893
9.	When did the parents come to California, and to this county?	Mother 1875 Father 1865 Mother
10.	Relation of applicant to child	Bessie Bruce Grass Valley Cal
11.	Are either or both of said parents living? If so give place of residence.	Nothing
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Bessee Bruce
13.	Who has charge and control of said child at the present time?	—
14.	How much aid is necessary and how long will require it?	

REPORT OF INVESTIGATORS

Renewed Jan 5, 1906 @ $5 per mo

Favorably

REFERENCES:

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.	3		15 -	15 -	917	Bessie Bruce
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190 6	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	3		15 -	15 -	186	Bessie Bruce
~~Feb~~	3		15 -	15 -	445	Bessie Bruce
Mar. July	3		15 -	15 -	701	Bessie Bruce
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	Place and Date of Birth	Date Application was Filed	Application Signed
(1) Josephine Silva	10	3	F.	Cal. July 26, 1895	1st Oct 7, 1905	1st by Mary Silva
(2) Mary Silva	7	7	F.	Cal. Mch 22, 1898	2nd	2nd "
(3) Joaquin Silva	4	6	M.	Cal. April 13, 1901	3rd	3rd "
(4)					4th	4th "
(5) Discontinued				Jan 11, 1908	Date Aid Discontinued	
(6)						

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans.
3. What are the names of the parents of such child? — Antone and Mary Silva
4. Has said child any estate, or heir to any estate? — Small Homestead
5. Describe the estate, its location and value, including life insurance. — $735.00 insurance which amount was paid on mortgage, homestead, funeral expenses and other debts. vouchers presented.
6. When and where did the parents of said child die? — Antone Silva, Grass Valley, June 20, 1905
7. Where were said parents born. — Azores Islands.
8. When were said parents married? — Oct. 14, 1894
9. When did the parents come to California, and to this county? — Mother 1894 Father 1852
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — Mary Silva Grass Valley, Cal.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Nothing
13. Who has charge and control of said child at the present time? — Mary Silva
14. How much aid is necessary and how long will require it? —

REPORT OF INVESTIGATORS

Aid granted Oct. 1905 @ $15 per mo.
Renewed Jan 5, 1906 for $15 per mo
Reduced July 5 1906 to $10 per mo
Renewed Jan 10, 1907 at $10 per mo

REFERENCES:

ORDER	1906	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
	Jan. 3			45 —	45 —	185	J. Miller
	~~Feb.~~ Mar.	3		45 —	45 —	~~449~~	J. Miller
	Mar. July	5		45 —	45 —	673	Mary Silva
	April Oct	3		30 —	30 —	920	Mary Silva
	May Jan	8		30 —	30 —	5	Mary Silva
	June Apr	4		30 —	30 —	421	Mary Silva
	July	3		30 —	30 —	628	Mary Silva
	~~Aug.~~ Oct	7		30 —	30 —	723	Mary Silva
	~~Sept.~~ Jan	7		30 —	30 —	10	J. Fonseca
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	George Ellis	4	–	M.	Grass Valley Oct 11, 1901	1st Oct 6, 1905	1st by Kate Ellis
(2)	James Ellis		3	M.	Grass Valley July 9, 1905	2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued July 3rd, 1907					4th	4th "
(5)						Date Aid Discontinued	July 3rd, 1907
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Aid granted Oct, 1905 @ $10 per mo
3.	What are the names of the parents of such child?	George and Kate Ellis	Renewed Jan 5, 1906 @ $10 per mo
4.	Has said child any estate, or heir to any estate?	None	Reduced July 5-06 to $8 per mo
5.	Describe the estate, its location and value, including life insurance.	None	Renewed Jan 10 1906 $8 per mo
6.	When and where did the parents of said child die?	George Ellis, April 6, 1905	
7.	Where were said parents born.	George Ellis, Cal - Kate Ellis Pa.	
8.	When were said parents married?	April 30, 1900	
9.	When did the parents come to California, and to this county?	Kate Ellis 1894	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Kate Ellis, Grass Valley, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have nothing, cannot go out to work for reason baby too small	
13.	Who has charge and control of said child at the present time?	Kate Ellis	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

1906	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	3		30 –	30 –	194	G J Miller
~~Feb~~ Mar	3		30 –	30 –	448	G J Miller
Mar. July	5		30 –	30 –	703	G J Miller
~~April~~ Oct	3		24 –	24 –	897	G J Miller
May Jan	8		24 –	24 –	29	G J Miller
June Apr	4		24 –	24 –	401	G J Miller
July July	3		24 –	24 –	605	G J Miller
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Morton Shaver	6	3	M.	Nevada City Sept 28, 1899	1st Jan 5, 1906	1st by Nettie Shaver
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)	Discontinued July 5 1906					4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Granted Jan 5, 1906 @ $5 per mo
3.	What are the names of the parents of such child ?	Mark and Nettie Shaver	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Mark Shaver, Nevada City, Nov 13, 1905	
7.	Where were said parents born.	Mark Shaver-Canada Nettie Shaver Cal	
8.	When were said parents married?	Dec 31, 1877	
9.	When did the parents come to California, and to this county?	Mark Shaver 1863	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Nettie Shaver, Nev. City, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Nothing	
13.	Who has charge and control of said child at the present time?	Nettie Shaver.	
14.	How much aid is necessary and how long will require it?		

REFERENCES:

ORDER	190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan.~~ April	3		15 -	15 -	482	Mrs M. Shaver
	Feb. July	5		15 -	15 -	674	Daisy Shaver
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

78

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Delbert Wilson	1	-	M	Nevada City - Jan 13, 1905	1st Jan 5, 1906	1st by Minnie Wilson
(2)						2nd	2nd "
(3)					Discontinued	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	April 4, 1907
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half - Orphans.	
3.	What are the names of the parents of such child?	Minnie and Fred Wilson	Granted Jan 5, 1906 @ $5 per mo.
4.	Has said child any estate, or heir to any estate?	Nothing	Renewed Jan 10 1906 @ $5 per mo
5.	Describe the estate, its location and value, including life insurance.	—	
6.	When and where did the parents of said child die?	Father, Nev Co. Gaston Nov 16, 1905	
7.	Where were said parents born.	Father Cal. Mother - Nevada	
8.	When were said parents married?	Sept 1904	
9.	When did the parents come to California, and to this county?	Mother - 1889	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada City, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Nothing	
13.	Who has charge and control of said child at the present time?	Kate Mother	
14.	How much aid is necessary and how long will require it?	—	

REFERENCES:

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan~~ April	3		15 -	15 -	468	Minnie Wilson
~~Feb~~ July	5		15 -	15 -	675	Minnie Wilson
Mar. Oct	3		15 -	15 -	917	Minnie Wilson
April Jan	8		15 -	15 -	15	Minnie Wilson
May Apr	4		15 -	15	420	Florence Eddy
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Henry C. Lawton	8	1	M.	Oroville - Nov. 22 1897	Jan 1906 1st, Lydia Lawton	1st by
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5 1906					Date Aid Discontinued	
(6)							

2. State whether the child orphan , half orphan or abandoned child.
3. What are the names of the parents of such child ?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans.
Patrick H and Lydia Lawton
None
$1000.00 life ins. but policy has not been paid as the insured the policy to lapse, the applicant owes an amount almost equal to the face of the policy.
Patrick H. Lawton, Nev. City, Aug 1, 1905
Patrick H Lawton Cal., Lydia Lawton, Iowa
Oroville, 1894
Lydia Lawton, 1892
Mother
Lydia Lawton, Nevada City, Cal.
Nothing and is largely in debts for necessaries of life
Lydia Lawton

REPORT OF INVESTIGATORS

Granted Jan 5, 1906 @ $5 per mo

REFERENCES:

ORDER	190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan.~~ April			15 -	15 -	483	Lydia E. Lawton
	~~Feb.~~ July	5		15 -	15 -	676	Lydia E. Lawton
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

80

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Dan Ferry. Discontinued	11	–	M	Grass Valley Jan 16, 1895	1st Jan 9th 1906	1st by Agnes. Ferry
(2)	John Ferry	9	2	M	Grass Valley Nov. 20, 1896	2nd	2nd "
(3)	Maggie Ferry	7	–	F	Grass Valley Jan 7 1899	3rd	3rd "
(4)	Aggie Ferry	3	3	F	Grass Valley Oct 1, 1902	4th	4th "
(5)	Annie Ferry. Died 1907	1	11	F	Grass Valley Feb 8, 1904	Date Aid Discontinued	
(6)					Discontinued Oct 9th, 1909		

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child.
   Half Orphans
3. What are the names of the parents of such child ?
   Patrick and Agnes Ferry
4. Has said child any estate, or heir to any estate?
   Small Home
5. Describe the estate, its location and value, including life insurance.
   Policy for $2000. which has not been paid and in the event payment is made the indebtedness will be an offset of the insurance
6. When and where did the parents of said child die?
   Patrick Ferry July 11, 1905 Grass Valley. "
7. Where were said parents born.
   Patrick Ferry Ireland. - Agnes Ferry Cal
8. When were said parents married?
   Oct- 31, 1892
9. When did the parents come to California, and to this county?
   Father when a boy.
10. Relation of applicant to child
    Mother.
11. Are either or both of said parents living? If so give place of residence.
    Agnes Ferry, Grass Valley Cal
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
    Nothing whatever, have not received any thing since husband's death except $100.00 donated by charity. Have aged mother also to support.
13. Who has charge and control of said child at the present time?
    Agnes Ferry
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Jan 5, 1906. 20.00 per mo Allowed
Renewed Jan 10, 1907 @ $20 per mo
Renewed June 11, 1908 $20 per mo
Jan 8, 1909 - 15 per mo

REFERENCES:

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan~~ April	3		60 –	60 –	446	E.J. Miller
Feb. July	5		60 –	60 –	704	E.J. Miller
~~Mar.~~ Oct	3		60 –	60	898	E.J. Miller
April Jan	8		60 –	60 –	26	E.J. Miller
May Apr	4		60 –	60 –	399	E.J. Miller
June July	3		60 –	60 –	604	E.J. Miller
~~July~~ Oct	7		60 –	60 –	738	E.J. Miller
~~Aug.~~ Jan	7		60 –	60 –	19	E.J. Miller
Sept. Jan	6		60 –	60 –	280	E.J. Miller
Oct. July	6		60 –	60 –	545	E.J. Miller
Nov. Oct	7		60 00	60 00	915	E.J. Miller ✓
Dec. Jan	4		60 00	60 –	22	E.J. Miller ✓
Total						

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Jan	6		45 00	45 00	384	E.J. Miller –
Feb. July	6		45 –	45 –	528	" " –
Mar. Oct	5		45 –	45 –	821	" " ✓
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Luther A. Marsh dise.	11	1	M.	Nevada City Dec 29, 1894	1st Jan 5, 1906	1st by Eva N. Marsh
(2) Carl C. Marsh	7	11	M	Nevada City Feb 14, 1898	2nd	2nd "
(3) Helen C. Marsh	3	9	F.	Nevada City April 10, 1902	3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)				Discontinued April 1, 1909		

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	
3. What are the names of the parents of such child?	Eva N. and Charles F. Marsh	
4. Has said child any estate, or heir to any estate?	None	
5. Describe the estate, its location and value, including life insurance.	$2000. all of which has been paid in settling fees and debts	
6. When and where did the parents of said child die?	Father, Nev. City Nov 8th 1905 Mother, Iowa.	
7. Where were said parents born.	Father, Calif.	
8. When were said parents married?	Nov 5, 1890	
9. When did the parents come to California, and to this county?	Father 1880 Mother	
10. Relation of applicant to child	Eva N. Marsh. Nev City, Cal.	
11. Are either or both of said parents living? If so give place of residence.	Have little home, of small value	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Eva N. Marsh	
13. Who has charge and control of said child at the present time?		
14. How much aid is necessary and how long will require it?		

$15.00 per mo allowed Jan 5, 1906.
July 5-06 Reduced to $10 per mo
Renewed Jan 10, 1907 @ $10 per mo
Renewed Jan 11, 1908 @ $10 per mo
" Jan 8, 1909 @ 10 per mo

REFERENCES:

ORDER	1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan~~ April	3		45 -	45 -	469	Eva N. Marsh
	Feb. July	5		45 -	45 -	677	Eva N. Marsh
	~~Mar.~~ Oct	3		30 -	30 -	919	Eva N. Marsh
	April Jan	8		30 -	30 -	11	Eva N. Marsh
	May Apr	4		30 -	30	419	Eva N. Marsh
	June July	3		30 -	30 -	629	Eva N. Marsh
	~~July~~ Aug	7		30 -	30 -	722	Eva N. Marsh
	~~Aug.~~ Jan	7		30 -	30 -	34	Eva N. Marsh
	Sept. Jan	6		30 -	30 -	304	Eva N. Marsh
	Oct. July	6		30 -	30 -	531	Eva N. Marsh
	Nov. Aug	7		30 -	30 -	891	Eva N. Marsh
	Dec. Jan	4		30	30	2	Eva N. Marsh
	Total						

ORDER	1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Delvin Benjamin	~~4~~	5	M.	Butte Co. Aug 19, ~~1900~~ 1901	1st Jan 5, 1906	1st by Sarah J. Allen
(2)	Mary Benjamin	2	10	F.	Butte Co. Mch. 16, ~~1903~~ 1904	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half-Orphans
3. What are the names of the parents of such child? — Alfred R. & Lucella Benjamin
4. Has said child any estate, or heir to any estate? — Nothing
5. Describe the estate, its location and value, including life insurance. — None
6. When and where did the parents of said child die? — Father Butte Co. Feby 12, 1904
7. Where were said parents born. — California
8. When were said parents married? — Oroville, 1900
9. When did the parents come to California, and to this county?
10. Relation of applicant to child — Aunt
11. Are either or both of said parents living? If so give place of residence. — Alfred R. Benjamin, Butte Co. Cal.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Father neglects children and absolutely refuses to contribute to their maintenance
13. Who has charge and control of said child at the present time? — Sarah J. Allen
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Jan 5, 1906 $5.00 per mo allowed
Renewed Jan 10, 1907 @ $8 per mo.
Renewed Jan 11, 1908 @ $8 per mo
" Jan 8, 1909 @ 8 per mo
" " 8, 1910 @ 8 per mo
" " 7, 1911 @ 8 per mo

REFERENCES:

1906	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Apr~~ Jan.	3		15 -	15 -	471	Sarah J. Allen
Feb. July	5		15 -	15 -	678	Sarah J. Allen
~~Mar.~~ Oct.	3		15 -	15 -	918	Julia Allen
April Jan	8		15 -	15 -	10	Sarah Jane Allen
May Apr	8		24 -	24	418	Sarah J. Allen
June July	1		24 -	24 -	630	Sarah J. Allen
~~July~~ Oct	1		24 -	24 -	754	Geo. Coughlan
~~Aug.~~ Jan	7		24 -	24 -	11	Henry Allen
Sept. Apr.	6		24 -	24 -	303	George Coughlan
Oct. July	6		24 -	24 -	530	George Coughlan
Nov. Oct	7		24 -	24	892	Robt. Allen ✓
Dec. Jan	4		24 -	24 -	1	Sarah J. Allen ✓
Total						

1907	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	1		24 —	24 —	453	Geo Coughlan ✓
Feb. July	2		24 —	24 —	760	Josie Clough. ✓
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

1909	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	6		24 00	24 00	379	Sarah J. Allen ✓
Feb. July	6		24 00	24 00	538	" " " ✓
Mar. Oct	5		24 -	24 -	805	" " ✓
Apr. Jan	4		24 —	24 -	115	" " " ✓
May Apr	5		24 —	24 -	325	" " " ✓
June July	6		24 —	24 -	570	" " " ✓
July Oct	4		24 -	24 -	887	George Coughlan ✓
Aug. Jan	3		24 —	24 -	80	" " ✓
Sept. Apr	3		24 —	24 —	312	" " ✓
Oct. July	6		24 —	24 -	747	" " ✓
Nov. Oct	4		24 —	24 -	1007	" " ✓
Dec. Jan	2		24 —	24 -	10	R. Allen ✓
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Mathew Keleher dise	10	3	M	Washington Sept 27, 1895	1st Jan 5, 1906	1st by Elizabeth Keleher
(2)	Paul Keleher dise	8	2	M	Washington Oct 24, 1897	2nd	2nd "
(3)	James Keleher	6	3	M.	Washington Sept 21, 1899	3rd	3rd "
(4)	Honora Keleher	4	1	F.	Washington Nov 29, 1901	4th	4th "
(5)	Timothy Keleher dise.	12	2	M.	Washington Nov 17, 1893	Date Aid Discontinued	for Timothy
(6)	.						

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child.
   half orphans
3. What are the names of the parents of such child ?
   Jeremiah and Elizabeth Keleher.
4. Has said child any estate, or heir to any estate?
   None
5. Describe the estate, its location and value, including life insurance.
   —
6. When and where did the parents of said child die?
   Washington
7. Where were said parents born.
   Jeremiah Keleher, Ireland, Elizabeth Keleher, Mass.
8. When were said parents married?
   May 30, 1897
9. When did the parents come to California, and to this county?
   Father 1875 — Mother to Cal. 1863, to Co. 1875
10. Relation of applicant to child
    Mother
11. Are either or both of said parents living? If so give place of residence.
    Mother, Washington, Cal
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
    No means of support in full
13. Who has charge and control of said child at the present time?
    Mother
14. How much aid is necessary and how long will require it?
    —

REPORT OF INVESTIGATORS

Jan 5, 1906 - 20.00 per mo allowed
July 5, 1906 Reduced to $16 per mo
Renewed Jan 10, 1907 @ 16 per mo
Renewed Jan 11, 1908 @ $16 per mo
" " 8, 1909 @ 16 per mo
(date)
" Jan 8th, 1910 @ $12 per mo
" " 7th, 1911 @ $12 per mo.
Reduced Oct 4th, 1911 - to 8 " "

REFERENCES: A. Olsen, H.R. Camper, F. Kohler

190 6	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Apr	3		60 —	60 —	464	E.T. Northley
Feb. July	5		60 —	60 —	717	E.T. Northley
~~Mar.~~ Oct	3		48 —	48 —	916	E.T. Northley
April Jan	8		48 —	48 —	36	D Hackney
May Apr	4		48 —	48 —	461	Geo Coughlan
June July	3		48 —	48 —	622	Geo. Coughlan
July Oct	7		48 —	48 —	746	George Coughlan
~~Aug.~~ Jan	11		48 —	48 —	263	George Coughlan
Sept Apr	6		48 —	48 —	809	Geo Coughlan
Oct July	6		48 —	48 —	540	Geo. Coughlan
Nov. Oct	17		48 —	48 —	901	Geo. Coughlan
Dec. Jan	6		48 —	48 —	181	Geo. Coughlan
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	6		48 00	48 00	403	Geo. Coughlan
Feb July	6		48 —	48 —	511	" "
Mar. Oct	5		48 —	48 —	835	" "
Apr. Jan	7		36 —	36 —	210	" "
May Apr	5		36 —	36 —	351	" "
June July	6		36 —	36 —	632	" "
July Oct	4		36 —	36 —	965	" "
Aug Jan	3		36 —	36	6	" "
Sept Apr	5		36 —	36	551	" "
Oct July	6		36 —	36 —	968	" "
Nov. Oct	4		36 —	36 —	912	" "
Dec. Jan	2		24 —	24 —	99	" "
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	1		24 —	24 —	470	Geo Coughlan
~~Feb.~~ July	15		24 —	24 —	1090	Geo Coughlan
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Hodge, Florence	5	-	F	Grass Valley, Apr 29, 1901	1st April 4th 1906	1st by Ellen Hodge
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)	Discontinued July 5, 1906					Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half orphan	
3.	What are the names of the parents of such child?	Edward John Hodge and Ellen Hodge	April 4. 1906 Granted $5 per mo
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said child die?	Edward John Hodge Feb 28 1906, Grass Valley, Cal.	
7.	Where were said parents born.	Father- England, Mother- California	
8.	When were said parents married?	April 11, 1901	
9.	When did the parents come to California, and to this county?	Father- August- 1887	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Ellen Hodge, Grass Valley, Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Applicant is without means has no means whatever	
13.	Who has charge and control of said child at the present time?	Ellen Hodge	
14.	How much aid is necessary and how long will require it?	—	

REFERENCES: S. T. Jones, R. H. Williams 2nd S. H. Dille

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July	5		15 -	15 -	705	
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Cocking, Winifred	2	1	F	Grass Valley Mch 26, 1904	1st Feb 4, 1906	1st by Mary Cocking
(2)	Cocking, Edward		2	M.	Grass Valley, Feb 26, 1906	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued July 3rd, 1911		

2. State whether the child/ren orphan , half orphan or abandoned child.
3. What are the names of the parents of such child/ren ?
4. Has said child/ren any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child/ren die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child/ren
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child/ren at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans

Josiah and Mary Cocking

Nothing

None

Josiah Cocking, March 3 1906 at Grass Valley, Cal.

Nevada Co. Cal

April 29. 1903

Mother

Mary Cocking, Grass Valley, Cal.

{ applicant is without means and Love relating to support children other than what is received from her own labor and children too young to permit leaving them

mary Cocking

REPORT OF INVESTIGATORS

April 4 Granted $10.00 per mo.

Removed Jan 10, 1907 @ $10 per mo.

Removed Jan 11 1908 @ $10 per mo

" Jan 8, 1909 @ 10 per mo.

" " 8th 1910 @ $10 per mo

" " 7th, 1911 @ 10 per mo.

REFERENCES: H. J. Michell, Elam Biggs, John Best

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July	5		30 -	30 -	706	C J Miller
Feb. Oct	3		30 -	30	899	C J Miller
Mar. Jan	8		30	30 -	25	C J Miller
April Apr	4		30 -	30 -	398	C J Miller
May July	3		30 -	30 -	603	C J Miller.
June Oct	7		30 -	30 -	739	C J Miller
July Jan	7		30 -	30 -	16	C J Miller
Aug. Apr	6		30 -	30 -	284	C J Miller
Sept. July	6		30 -	30 -	553	C J Miller
Oct. Oct	7		30 -	30 -	916	C J Miller ✓
Nov. Jan	4		30 -	30 -	25	C J Miller ✓
Dec. Apr	6		30 -	30 -	385	C J Miller ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July 6	6		30 -	30 -	521	C J Miller ✓
Feb. Oct	5		30 -	30 -	830	" ✓
Mar. Jan	8		30 -	30 -	5	" ✓
Apr. Apr	5		30 -	30 -	349	" ✓
May July	6		30 -	30 -	554	" ✓
June Oct	4		30 -	30 -	864	" ✓
July Jan	3		30 -	30 -	12	" ✓
Aug. Apr	3		30 -	30 -	320	" ✓
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Polglase, Annie	11	10	F	Nevada City, Cal May 23, 1894	1st April 3, 1906	1st by Mary Polglase
(2)	Polglase, Lavinia	10	2	F	Nevada City, Cal Feb 4, 1896	2nd	2nd "
(3)	Polglase, Hazel	8	10	F.	Nevada City, Cal June 8, 1897	3rd	3rd "
(4)	Polglase, Richard	5	11	m.	Nevada City, Cal May 28, 1900	4th	4th "
(5)	Polglase, Samuel	—	9	m.	Nevada City, Cal. June 21, 1905	Date Aid Discontinued Annie	
(6)							

ANSWERS:

2. State whether the child ren orphan , half orphan or abandoned child.
   Half Orphans
3. What are the names of the parents of such child ren ?
   Thomas & Mary Polglase
4. Has said child ren any estate, or heir to any estate?
   Small Homestead
   $10 Life Insurance
5. Describe the estate, its location and value, including life insurance.
   Thomas Polglase, Nevada City, Mch 8, 1906
6. When and where did the parents of said child ren die?
   Father, England, — Mother, California
7. Where were said parents born.
   Jan 2, 1892
8. When were said parents married?
   Thomas Polglase in May 1876
9. When did the parents come to California, and to this county?
   Mother
10. Relation of applicant to child ren
    Mary Polglase, Nevada City, Cal
11. Are either or both of said parents living? If so give place of residence.
    Applicant is without means to support children. Has
12. State the financial condition of said living parent and whether or not able to support said child ren . If not, state why.
    no income whatever.
13. Who has charge and control of said child ren at the present time?
    Mary Polglase
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

April 3rd 1906 $20.00 per mo grants
July 5, 1906 Reduced to $15 per mo
Renewed Jan 10, 1907 @ $15 per mo.
Renewed Jan 11, 1908 $15 per mo
" " 8, 1909 — $15 per mo.
" " 8th, 1910 — $12 " "
" " 7th, 1911 $12 " "
Reduced Apr 3rd, 1911 $8 " "

REFERENCES: Wm M. Avery, Sidney J Peard and C. Tenney Jr.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July	5		60	60	679	Mary A. Polglase
Feb. Oct.	3		45	45	917	Mary A Polglase
Mar. Jan	8		45	45	11	Mary A Polglase
April Apr	4		45	45	417	Mary A. Polglase
May July	1		45	45	636	Mary A Polglase
~~June~~ Aug.	7		45	45	753	Mary Polglase
~~July~~ Jan	7		45	45	9	Mary Polglase
Aug. April	6		45	45	302	Mary Polglase
Sept. July	6		45	45	526	Mary Polglase
Oct. Oct.	7		45	45	893	Mary Polglase ✓
Nov. Jan	4		45	45	4	Mary Polglase ✓
Dec. Apr	6		45	45	380	Mary Polglase ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	1		24	24	443	M Polglase ✓
Feb. July	2		24	24	761	" " ✓
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July	6		45 00	45 00	537	Mary Polglase ✓
Feb. Aug	5		45 00	45 00	803	" " ✓
Mar. Jan	3	1260 24 24	45 —	45 —	34	" " ✓
Apr. Apr.	5		36 —	36 —	326	" " ✓
May July	6		36 —	36	571	" " ✓
June Oct	4		36 —	36 —	888	" " ✓
July Jan	8		36 —	36 —	34	" " ✓
Aug. Jan	3		36 —	36 —	331	" " ✓
Sept. July	6		24 —	24 —	747	" " ✓
Oct. Oct	4		24 —	24 —	1008	" " ✓
Nov. Jan.	2		24 —	24 —	6	" " ✓
Dec.			60			
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Rondeau, Henry Elmer died	11	—	M	Grass Valley Cal - July 22 1895	1st July 5 1906	1st by Mary E. Rondeau.
(2) Rondeau, Mildred Lucile dec	8	9	F	Grass Valley Cal Oct 30 1897	2nd " " "	2nd "
(3) Rondeau, Elizabeth Ann.	7	6	F	Grass Valley Cal Jan 15 1899	3rd " " "	3rd "
(4) Rondeau, Marie Henrietta	6	6	F	Grass Valley Cal Jan 11 1900	4th " "	4th "
(5) Rondeau, Frances Maud	5	5	F.	Grass Valley. Cal Feb 14 1901	Date Aid Discontinued	
(6)						

2. State whether the child/ren orphan , half orphan or abandoned child.
3. What are the names of the parents of such child/ren?
4. Has said child/ren any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child/ren die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child/ren
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child/ren. If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will ____ require it?

ANSWERS:

Half Orphans

Harry Gaylord Rondeau & Mary E. Rondeau

Small Home (mortgaged for $200)

$2000 life ins in A.O.U.W.

Henry G. Rondeau died at Grass Valley, June 15 1906

Mary E Rondeau, New Jersey - Henry G Rondeau, Canada

Grass Valley - April 30, 1889

Mother in 1876 - Father 1897 1873

Mother

Mother Grass Valley Cal

Father sick for long time & was confined Dr Lane's Hosp. for 18 mos. Necessary to borrow money in order to pay for care there. After payment of expenses of sickness and mortgage must find money to support family

Mary E. Rondeau

REPORT OF INVESTIGATORS

July 5-06 - allowed $15.00 per mo

Renewed Jan 10, 1907 @ $15 per mo.

Renewed Jan 11, 1908 $15 per mo

" Jan 9, 1909 @ 15 per mo.

" " 8th 1910 @ 15 per mo.

" " 7th 1911 @ 15 " "

Reduced Oct 4th, 1911 to 12.25 " "

REFERENCES: E. F. Whiting, Jas C. Tyrrell, M. H. Argall.

1906	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Oct.	3		45 -	45 -	900	C.J. Miller
~~Feb.~~ Jan	8		45 -	45 -	24	C.J. Miller
~~Mar.~~ Apr	4		45 -	45 -	397	C.J. Miller
April July	3		45 -	45 -	602	C.J. Miller
May Oct	7		45 -	45 -	740	C.J. Miller
~~June~~ Jan	7		45 -	45 -	17	C.J. Miller
July Apr	6		45 -	45 -	282	C.J. Miller
Aug. July	6		45 -	45 -	552	C.J. Miller
Sept. Oct	7		45 -	45 -	917	C.J. Miller ✓
Oct. Jan	4		45 -	45 -	24	C.J. Miller ✓
Nov. Apr	6		45 -	45 -	386	C.J. Miller ✓
Dec. July	6		45 -	45 -	524	" " ✓
Total						

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct	5	~~45 00~~	45 00	45 00	822	C.J. Miller ✓
Feb. Jan	8		45 -	45 -	16	" " ✓
Mar. Apr	5		45 -	45 -	350	" " ✓
Apr. July	6		45 -	45 -	555	" " ✓
May Oct.	4		45 -	45 -	869	" " ✓
June Jan	3		45 -	45 -	18	" " ✓
July Apr	3		45	45	319	✓
Aug. July	6		45 -	45 -	764	" " ✓
Sept. Oct	4		45 -	45 -	993	" " ✓
Oct. Jan.	2		42 -	42 -	16	" " ✓
Nov.						
Dec.						
Total						

1908	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct	1		33 75	33 75	468	C.J. Miller.
Feb. July	2		33 75	33 75	785	✓ " "
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

88

Record of Orphans, Half Orphans, Etc., on State Aid.

#8 per mo

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Doidge Raymond	12	2	Male	Grass Valley July 24, 1894	1st October 3, 1906	1st by Lizzie Doidge
(2) Doidge Elsworth	4	7		Grass Valley March 13, 1902	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)						

Discontinued July 6, 1908

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Half Orphans	Granted Oct 3, 1906 @ $8 per mo.
3.	What are the names of the parents of such child ?	William and Lizzie Doidge	Removed Jan 10, 1907 @ $8 per mos.
4.	Has said children any estate, or heir to any estate?	None	Removed Jan 11 1908 $8 per mo
5.	Describe the estate, its location and value, including life insurance.	Small homestead	
6.	When and where did the parents of said children die?	William Doidge, July 24, 1906 Valley Grass Valley	
7.	Where were said parents born.	William Doidge Jamica, Mother in Michigan	
8.	When were said parents married?	July 29, 1885.	
9.	When did the parents come to California, and to this county?	Father in 1861, Mother in 1875	
10.	Relation of applicant to children	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Lizzie Doidge, Grass Valley, Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.		
13.	Who has charge and control of said child at the present time?	Lizzie Doidge	
14.	How much aid is necessary and how long will require it?	—	

REFERENCES: Albert R. Williams, Wm C. D. Body and Mrs. A. B. Adams.

190 7	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	8	~~$4~~	24 -	24 -	23	C. J. Miller
~~Feb.~~ Apr	4		24 -	24 -	396	C. J. Miller
Mar. July	3		24 -	24 -	600	C. J. Miller
~~April~~ Oct	7		24 -	24 -	741	C. J. Miller
~~May~~ Jan	7		24 -	24 -	16	C. J. Miller
June	6		24 -	24 -	283	C. J. Miller
July	6		24 -	24 -	537	C. J. Miller
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Kenney Raymond Dis. Jan 1904	12		m.	Grass Valley Jan 4 1895	1st Jan 10 1907	1st by Mary Nash
(2)	Kenney Marceline	4	7	f	Grass Valley June 2 1902	2nd	2nd "
(3)	Kenney Louis	7	8	m.	Grass Valley Apr. 22, 1899	3rd	3rd "
(4)	Kenny John R. Disc.	13	-	"	" " Mar 24, 1897	4th April 5, 1910	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Full Orphans	Granted Jan 10, 1906 @ $15 per mo
3.	What are the names of the parents of such child ?	James and Mary Kenny.	Removed Jan 11, 1908 $15 per mo
4.	Has said children any estate, or heir to any estate?	Small home	" " 8, 1909, 10 per mo.
5.	Describe the estate, its location and value, including life insurance.	Small home in Grass Valley	
6.	When and where did the parents of said child die?	Mother, June 7. 1902, Father Dec 11. 1906, Grass Valley.	
7.	Where were said parents born.	Father, San Francisco, Mother, Grass Valley.	" Jan 8th 1910, $10 per mo
8.	When were said parents married?	July 15, 1888	" April 5th 1910 $15 " "
9.	When did the parents come to California, and to this county?		" Jan 9th, 1911 $10 " "
10.	Relation of applicant to child	Aunt (legal guardian)	
11.	Are either or both of said parents living? If so give place of residence.	Both dead.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.		
13.	Who has charge and control of said child at the present time?	Mary Nash (legal guardian)	
14.	How much aid is necessary and how long will require it?	Full amount	

REFERENCES:

E ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan.~~ Apr	4		45 -	45 -	395	C.J. Miller
	~~Feb.~~ July	3		45 -	45 -	601	C.J. Miller
	~~Mar.~~ Oct	7		45 -	45 -	742	C.J. Miller
	April Jan	7		45 -	45 -	15	C.J. Miller
	May Apr.	6		45 -	45 -	276	C.J. Miller
	June July	6		45 -	45 -	546	C.J. Miller
	July Oct	7		45 -	45 -	918	C.J. Miller
	Aug. Jan	7		45 -	45 -	14	C.J. Miller
	Sept. Apr	6		30 -	30 -	387	C.J. Miller
	Oct. July	6		30 -	30 -	523	" " "
	Nov. Oct	5		30 -	30 -	823	" "
	Dec. Jan	3		30 -	30 -	4	" "
	Total						

E ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan. Apr	5		30 -	30 -	345	C.J. Miller
	Feb. July	6		45 -	45 -	565	" "
	Mar. Oct.	4		45 -	45 -	863	" "
	Apr. Jan	3		45 -	45 -	14	" "
	May Sept	8		30 -	30 -	312	" "
	June Dec	6		30 -	30 -	765	" "
	July Oct	4		30 -	30	994	" "
	Aug. Jan	2		30 -	30 -	17	" "
	Sept. Apr	1		30 -	30 -	461	" "
	Oct. July	2		30 -	30	784	" "
	Nov.						
	Dec.						
	Total						

E ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

90

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Farrell, Gilbert	9	6	Male	Cherokee July 8, 1897	1st Jan 10, 1907	1st by Mary Farrell
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)						Discontinued July 8th, 1911	

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Granted Jan 10, 1907 @ $5 per mo.
3.	What are the names of the parents of such child?	Patrick and Mary Farrell	Renewed Jan 11, 1908 $5 per mo
4.	Has said child any estate, or heir to any estate?	No.	" " 8, 1909 @ 5 per mo.
5.	Describe the estate, its location and value, including life insurance.		" " 8 1910 @ 5 " "
6.	When and where did the parents of said child die?	Father at Cherokee, Nev. Co. Aug 27, 1901	" " 7th 1911 @ 5 " "
7.	Where were said parents born.	Father Ireland, Mother New York.	
8.	When were said parents married?	July 6, 1893.	
9.	When did the parents come to California, and to this county?	Father in 1860, Mother in 1867	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Cherokee, Nevada Co.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no means and there is no work in vicinity	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	Until I can procure work or $5.00 for one year	

REFERENCES: James L. Morgan, St. J. Phelan, Mrs Mary J. Cox.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Apr	4		15 -	15 -	394	
Feb. July	3		15 -	15 -	625	Geo. Coughlan
~~Mar.~~ Oct	7		15 -	15 -	748	Geo. Coughlan
~~April~~ Jan	7		15 -	15 -	1	Geo. Coughlan
May Apr	6		15 -	15 -	294	Geo. Coughlan
June July	6		15 -	15 -	535	Geo. Coughlan
July Oct	7		15 -	15 -	896	Geo. Coughlan ✓
Aug. Jan	4		15 -	15 -	29	Geo. Coughlan ✓
Sept. Apr	6		15 -	15 -	405	" " ✓
Oct. July	6		15 -	15 -	506	" " ✓
Nov. Oct	5		15 -	15 -	837	" " ✓
Dec. Jan	3		15 -	15 -	26	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	5		15 -	15 -	357	Geo Coughlan ✓
Feb. July	6		15 -	15 -	543	" " ✓
Mar. Oct.	4		15 -	15 -	857	" " ✓
Apr. Jan	3		15 -	15 -	8	" " ✓
May Apr	3		15 -	15 -	337	" " ✓
June July	6		15 -	15 -	773	" " ✓
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Sneath George	12	6	Male	Graniteville July 22 1894	1st Jan 10 1907	1st by Tillie Sneath
(2) Sneath Ruth	9	2.	Female	Nevada City Nov. 30 1897	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)				Discontinued Jan 1 1908		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child is orphan , half orphan or abandoned child.	Half Orphans.	
3.	What are the names of the parents of such child ?	Edwin and Tillie Sneath	Granted Jan 10 1907 @ $5 per mo
4.	Has said child any estate, or heir to any estate?	No.	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Father, Nevada City Aug 16, 1906	
7.	Where were said parents born.	Father England, Mother Iowa	
8.	When were said parents married?	February 18, 1884	
9.	When did the parents come to California, and to this county?	Father when quite young, Mother about 1877	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.		
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Dependent on her own earnings.	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: R. H Webber, A H Hallett and C. E. Tegler

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	~~Jan.~~ Apr	4		15	15	416	Tillie Sneath
	~~Feb.~~ Aug	7		15	15	757	Tillie Sneath
	~~Mar.~~ Jan	7		15	15	8	Tillie Sneath
	April						
	May.						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Josephine Williams	5	11	F.	Nevada Co. Cal. April 28. 1901.	1st ~~Oct 7, 1914~~	1st by Manuel Ignacio
(2)	Eugene Williams.	9.	11. Jan. 09	M.	" " Feb. 4. 1899	2nd April 4, 1907	2nd " "
(3)						3rd Jan 7. - 09.	3rd " Wm. Williams
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Full Orphan
3. What are the names of the parents of such child? — Joseph and Mary Williams
4. Has said child any estate, or heir to any estate? — No.
5. Describe the estate, its location and value, including life insurance. —
6. When and where did the parents of said child die? — Mother May 8, 1901 Father Jan, 1904 Nevada Co
7. Where were said parents born. — Both in Nevada County
8. When were said parents married? — December 29, 1895
9. When did the parents come to California, and to this county? —
10. Relation of applicant to child — Grandfather Uncle.
11. Are either or both of said parents living? If so give place of residence. —
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Not able on account of old age and infirmity
13. Who has charge and control of said child at the present time? — Grandfather Died 1908.
14. How much aid is necessary and how long will require it? —

REPORT OF INVESTIGATORS

Favorable
Granted $5.00 per mo.
Renewed Jan 11, 1908 @ $5.00 per mo.
" Jan 8 1909 @ 10 per mo.
" " 8, 1910 @ $10 per mo.
" " 7, 1911 @ 10 per mo.

REFERENCES: P. N. McCormack, George Coughlan L. A. Garthe

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan~~ July	3		15 00	15 00	682	Manuel Ignacio
~~Feb~~ Aug	7		15 00	15 00	750	Manuel Ignacio
Mar. Jan	7		15 00	15 00	6	Manuel Ignacio
April Apr	6		15 -	15 -	307	Manuel Ignacio
May July	6		15 -	15 -	534	Wm Williams
June Oct	7		15 -	15 -	899	E W Potts ✓
July Jan	4		15 -	15 -	27	Wm Williams ✓
Aug. Apr	6		30 -	30 -	406	" " ✓
Sept. July	6		30 -	30 -	507	" " ✓
Oct. Aug	5		30 -	30 -	836	" " ✓
Nov. Jan	3		30 -	30 -	27	" " ✓
Dec.						
Total						

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	5		30 -	30 -	356	Wm Williams ✓
Feb. July	6		30 -	30 -	633	" " ✓
Mar. Oct	4		30 -	30 -	859	" " ✓
Apr. Jan	3		30 -	30 -	4	" " ✓
May Apr	3		30 -	30 -	338	" " ✓
June July	6		30 -	30	770	" " ✓
July Aug	4		30 -	30 -	979	" "
Aug. Jan	2		30 -	30 -	81	" " ✓
Sept.						
Oct. Apr.	2		30 -	30 -	473	" "
Nov. July	2		30 -	30 -	792	" "
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Bennett Nellie last	12	6	F.	Rough and Ready Oct 9, 1894	1st April 4 1907	1st by Mrs Alice Bennett
(2)	Bennett Walter last	10	7	M.	" " " Aug 13.-96	2nd	2nd "
(3)	Bennett Florence	8	1	F	" " " Feb 20.-99	3rd	3rd "
(4)	Bennett Clifford	5	7	M.	" " " Sep. 10-01.	4th	4th "
(5)						Date Aid Discontinued for Nellie Oct 8, 1908	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such children ?	Charles Henry and Alice Bennett	
4.	Has said child any estate, or heir to any estate?	No.	
5.	Describe the estate, its location and value, including life insurance.		Favorable
6.	When and where did the parents of said children die?	Feb 19 ~~March~~ 1907 Father at Half Moon Bay, Cal. "	Granted $20.00 per mo.
7.	Where were said parents born.	Mother Rough and Ready, Father England	Renewed Jan 11, 1908 $20 per mo
8.	When were said parents married?	August 30, 1893.	" Jan 8, 1909 for 15 per mo.
9.	When did the parents come to California, and to this county?	Father 1893	10, 1910 " 15 " "
10.	Relation of applicant to child	Mother	Reduced July 6, 1910 to 10 " "
11.	Are either or both of said parents living? If so give place of residence.	Rough and Ready, Cal.	Renewed Jan 7th, 1911 to 10 " "
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Small Home	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: H C. Schroeder, E. W. Schmidt. J. M. Hammiel.

1907	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ July	3		60 00	60 00	624	S L Weeks
~~Feb.~~ Aug	7		60 00	60 00	749	S L Weeks
~~Mar.~~ Jan	7		60 00	60 00	4	S L Weeks
April Sept	6		60 -	60 -	800	S L Weeks
May July	6		60 -	60 -	536	C J Miller
June Oct	7		60 00	60 00	900	W H Davey
July Jan	4		45 00	45 00	28	Alice Bennett
Aug. Dec	6		45 00	45 00	407	W. H. Davey
Sept. July	6		45 -	45 -	508	" " "
Oct. Aug	5		45 -	45 -	838	" "
Nov. Jan	3		45 -	45 -	25	" "
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	5		45 -	45 -	355	W H Davey
Feb. July	6		45 -	45 -	544	" "
Mar. Oct	4		30 -	30 -	860	" "
Apr. Jan	3		30 -	30 -	2	" "
May Apr	3		30 -	30 -	339	" "
June July	6		30 -	30	771	" "
July Oct	4		30 -	30 -	980	" "
Aug. Jan	2		30 -	30 -	33	" "
Sept.						
Oct. Apr	2		30 -	30 -	~~472~~	— —
Nov. July	2		30 -	30 -	791	" —
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.			—			
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Ralph Fortier (dead)	12		Male	Washington July, 1895	1st July 9, 1907	1st by Mrs Kate Fortier
(2)	George Fortier	8	10	Male	Washington Aug 29, 98	2nd	2nd "
(3)	John Fortier	4	10	Male	Washington Aug 25, 02	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued July 24th, 1912		

ANSWERS:

REPORT OF INVESTIGATORS

2. State whether the children, orphan, half orphan or abandoned child.
   Half Orphans
3. What are the names of the parents of such child?
   Kate + George Fortier
4. Has said children any estate, or heirs to any estate?
   No
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
   Napa City May 16 1907
7. Where were said parents born.
   Kate Fortier, Washington, George, Canada
8. When were said parents married?
   January 9, 1889
9. When did the parents come to California, and to this county?
   1886
10. Relation of applicant to child
    Mother
11. Are either or both of said parents living? If so give place of residence.
    Mother, Washington
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
    not able because, Cannot leave house.
13. Who has charge and control of said children at the present time?
    Mother
14. How much aid is necessary and how long will require it?

Favorable,
Allowed in the sum
of $12 per month
Renewed Jan 11 1908 @ $12.00 per mo
" Jan 8, 1909 @ 12 per mo
Reduced July 1909 to 10 per mo
Renewed Jan 10th, 1910 at $10 " "
" " 7th, 1911 @ $10 " "

REFERENCES: Byron Lyons, Mrs B J. Murphy and William Hogan

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Oct	7		36 00	36 00	745	George Coughlan
Feb. Jan	8.		36 00	36 00	116	Mrs Kate Fortier
Mar. Nov	6		36 -	36 -	296	George Coughlan
April July	6		36 -	36 -	541	Geo. Coughlan
May Sept	7		36 -	36 -	903	Geo. Coughlan ✓
June Jan	4		36 -	36 -	26	Geo. Coughlan ✓
July Oct	6		36 -	36 -	404	" " ✓
Aug. July	6		36 -	36 -	510	" " ✓
Sept. Oct	5		30 -	30 -	833	" " ✓
Oct. Jan	3		30 -	30 -	29	" " ✓
Nov. Apr	5		30 -	30 -	329	" " ✓
Dec. July	6		30 -	30 -	628	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct.	4		30 00	30 00	889	Kate Fortier ✓
Feb. Jan	3		30 -	30 -	32	" " ✓
Mar. Apr	3		30 -	30 -	334	" " ✓
Apr. July	6.		30 -	30 -	745	" " ✓
May Oct	4		30 -	30 -	1001	" " ✓
June Jan	2		30 -	30 -	4	" " ✓
July Apr	1		30 -	30 -	452	" " ✓
Aug. July	2		30 -	30 -	773	" " ✓
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Le Roy Bond	9	6	Male	Nevada City, Dec 17, 1897	1st July 6, 1907	1st by Mrs. Annie Bond
(2)	Honorine Bond	7	2	Female	Nevada City, April 7, 1900	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued Oct 4th, 1911		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ren orphan, half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such child ?	George Bond and Annie Bond	
4.	Has said child ren any estate, or heir to any estate?	No.	
5.	Describe the estate, its location and value, including life insurance.		Faborable
6.	When and where did the parents of said children, die?	George Bond, Nevada City Jan 16, 1907	Allowed in the sum of $8.00 per month.
7.	Where were said parents born.	George, St. Austle, Cornwall. Annie, New Jersey	Renewed Jan 11, 1908 $8 per mo
8.	When were said parents married?	November 30, 1893	" Jan 8, 1909 $8 per mo.
9.	When did the parents come to California, and to this county?	father 1882, mother, 1873.	" " 10th 1910 $8 " "
10.	Relation of applicant to children	Mother	" " 7th, 1911 $8 " "
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada City	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	nothing with which to support children	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	full Amount	

REFERENCES: D. A. Daily, Wm M Avery, Frank V. Taylor

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
~~Jan.~~ Oct	7	24 00	24 00	24 00	756	Annie Bond
~~Feb.~~ Jan	7		24 00	24 00	7	Annie Bond
Mar. Apr	6		24 -	24 00	299	Annie Bond
Apr. July	6		24 -	24 -	538	Annie Bond
May Oct	7		24 -	24 -	894	Annie Bond
June Jan	4		24	24	5	Annie Bond
July Apr	6		24 -	24 -	374	" "
Aug. July	6		24 -	24 -	536	" "
Sept. Oct	5		24 -	24 -	804	" "
Oct. Jan	3		24 -	24 -	32	" "
Nov. Apr	5		24 -	24 -	328	" "
Dec. July	6		24 -	24 -	572	" "
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct.	24		24 00	24 00	890	Annie Bond
Feb Jan	3		24 -	24 -	33	" "
Mar. Apr	3		24 -	24 -	325	" "
Apr. July	6		24 -	24	748	" "
May Oct	4		24 -	24 -	1006	" "
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Gilberta Maud Adkins	2	9	Female	Auld & Yuba Co. Cal. Dec 3, 1904	1st October 10, 1907	1st by Mrs Emma Adkins
(2)	Edna Murel Adkins		3	"	Yantrent Placer Co " June 10, 1907	2nd " 10, 1907	2nd "
(3)						3rd	3rd "
(4)					Discontinued Oct 5th, 1909	4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS	REPORT OF INVESTIGATORS
2.	State whether the children orphans, half orphans or abandoned child.	They are Half Orphans	
3.	What are the names of the parents of such child ?	William C Adkins, & Emma Adkins	Favorable
4.	Has said children any estate, or heirs to any estate?	No	
5.	Describe the estate, its location and value, including life insurance.		Allowed in the sum of $10 per month
6.	When and where did the parents of said children die?	June 20th 1907 at Yantrent Placer Co.	Renewed Jan 11, 1908 @ 10 per mo
7.	Where were said parents born.	Father - Yuba Co. Cal. Mother Warren Co. Ohio	" Jan 6, 1909 @ 10 per Mo
8.	When were said parents married?	December 11th, 1902	
9.	When did the parents come to California, and to this county?	Seventeen years ago	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother - Floriston Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Have no means, not able	
13.	Who has charge and control of said child at the present time?	Mother.	
14.	How much aid is necessary and how long will require it?	Ten dollars per month - 10 years or more.	

REFERENCES: A. W. Long - George T. Emerson - Mary J. Stewart

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	11		30 00	30 00	257	George Coughlan
Feb.	Apr 6		30 -	30 -	308	George Coughlan
Mar.	July 6		30 00	30 -	528	John Fay
April	7		30 -	30 -	898	John Fay ✓
May	Jan 4		30 -	30 -	30	John Fay ✓
June	Apr 6		30 -	30 -	408	" " ✓
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Ethel Mutton	3	8	Female	Grass Valley - Feb 12, 1904	1st October 10, 1907	1st by Emma Mutton
(2)	Fannie Mutton	1	9	"	" " Jan 13, 1906	2nd	2nd "
(3)	Frank Mutton	1	9	Male	" " " 13, 1906	3rd	3rd "
(4)	William Mutton		4days	"	" " Oct. 5, 1907	4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued January 7th, 1911		

2. State whether the children orphans, half orphan or abandoned child.
3. What are the names of the parents of such children ?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans
William J. Mutton, Emma Mutton
No.

Sept 18, 1907 Grass Valley Cal.
Father - England, Mother New York
Grass Valley, Cal Sept 19 - 1907.
Father 1892 - Mother - 1875
Mother
Mother - Grass Valley
not able - no means
Mother

REPORT OF INVESTIGATORS

Favorable
Allowed in the sum of
20.00 per Month.
Renewed Jan 11, 1908 @ 20.00 per mo
" " 8, 1909 @ 20 per mo
" " 10, 1910 @ $16 " "

REFERENCES: John S. Loutzenheiser, Richard Noell, W. G. George

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	7		60 00	60 00	14	Emma Mutton
Feb.	6		60 -	60 -	277	Emma Mutton
Mar.	6		60 -	60 -	547	E. J. Miller
April	7		60 -	60 -	921	E. J. Miller ✓
May	4		60 -	60 -	15	E. J. Miller ✓
June	6		60 -	60 -	388	E. J. Miller ✓
July	6		60 -	60 -	525 "	" ✓
Aug.	5		60 -	60 -	828 "	" ✓
Sept.	3		60 -	60 -	3 "	" ✓
Oct.	5		48 -	48 -	346 "	" ✓
Nov.	6		48 -	48 -	556 "	" ✓
Dec.	4		48 -	48 -	862 "	" ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		48 00	48 -	8	E. J. Miller ✓
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	May Kane	11	2	Female	Cal. July 31, 1896	1st October 10, 1907	1st by Maggie Kane
(2)	Annie Kane	8	2	"	" " 25, 1899	2nd	2nd "
(3)	Maggie Kane		9	"	" Jan 17, 1907	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued April 1909		

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphan
3. What are the names of the parents of such child? — James & Maggie Kane
4. Has said child any estate, or heir to any estate? — No.
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child run die? — July 21, 1907
7. Where were said parents born. — Father, Calaveras Co. Mother, Placer Co.
8. When were said parents married? — October 2, 1894
9. When did the parents come to California, and to this county? — Born here
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — Mother, Nevada City - bed
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Not able - no means of support
13. Who has charge and control of said child at the present time? — Mother
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Favorable -
Allowed in the sum of 10 per Month.
Renewed Jan 11 1908 12" per mo

Del 9 deaths.

REFERENCES: Gustav Fisher, R. J. Ronchi & E. A. Work.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	7		30 00	30 00	35	Mrs Maggie Kane
Feb.	Jan 6		36 -	36 -	380	Mrs. Maggie Kane
Mar.	July 6		36 -	36 -	529	Mrs. Maggie Kane
April	1907 7		36 -	36 -	905	Mrs. E A Work V
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Florence Kendrick	10	9	Female	Nevada City Mar 13, 1897	1st Jan 8, 1908	1st by Maud Kendrick
(2)	Alden Kendrick	9		Male	Nevada City Jan 11, 1899	2nd	2nd "
(3)	Irma Kendrick	4	3	Female	Nevada City Oct-8 1903	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

Discontinued July 6, 1909

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Half Orphans	Favorable. Allowed Jan 1 1908 in sum of $15.00 per mo
3.	What are the names of the parents of such children ?	William H. and Maud Kendrick	Renewed Jan 8, 1909-15 per mo.
4.	Has said child any estate, or heirs to any estate?	No.	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Father, Oct 21st, 1907 at Nevada City.	
7.	Where were said parents born.	Father, Nevada Co., Mother, Placer Co.	
8.	When were said parents married?	March 9th, 1895	
9.	When did the parents come to California, and to this county?	—	
10.	Relation of applicant to children	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada City, Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Is in poor financial condition and not able to work on account of physical disability	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: Frank Pierce, Fred Fredimick, Herbert H. Holland

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Jan 6		45 00	45 00	298	Frank Kendrick
Feb.	July 6		45 —	45 —	587	Frank Kendrick
Mar.	Jan 7		45 —	45 —	895	Frank Kendrick
April	Jan 4		45 —	45 —	6	Maud Kendrick
May	Jan 6		45 —	45 —	378	" "
June	July 6		15 —	15 —	504	" "
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	Place and Date of Birth	Date Application was Filed	Application Signed
(1) James G Harris	2	7	Male	Great Falls Mont. May 13, 1905	1st Jan 9, 1908	1st by Amy Harris
(2) William F Harris		10	Male	" " " Feb 27, 1907	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)				Discontinued January 1st, 1909		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the children orphan , half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such children ?	James and Amy Harris	Favorable, Allowed Jan 9, 1908
4.	Has said children any estate, or heir to any estate?	None	in the sum of $8.00 per mo.
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said children die?	Father Sept 30, 1907 Butte, Mont.	
7.	Where were said parents born.	Father, England. Mother California	
8.	When were said parents married?	August 3rd 1904	
9.	When did the parents come to California, and to this county?	Father, 1903	
10.	Relation of applicant to child	Mother	cert of death.
11.	Are either or both of said parents living? If so give place of residence.	Mother, Grass Valley Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	has nothing	
13.	Who has charge and control of said children at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: J. E. Carter, John T. Hennessy, Geo. Vincent.

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.	Jan 6		24 00	24 00	278	E J Miller
Feb.	July 6		24 -	24 -	548	E J Miller
Mar.	Sept 7		24 -	24 -	919	E J Miller
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	Place and Date of Birth	Date Application was Filed	Application Signed
(1) George Ellis	6	6	male	Grass Valley, Oct 11, 1901	1st April 7, 1908	1st by Mrs. Julia Whelihan
(2) James Ellis	2	9	male	" " July 9, 1905	2nd	2nd "
(3)					3rd	3rd "
(4)				Discontinued Date January 10th, 1910	4th	4th "
(5)					Date Aid Discontinued	
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable, allowed April 10th, 1908 @ 8 per mo.
3. What are the names of the parents of such child ?	George and Kate Ellis	Renewed Jan 8, 1909 @ 8 per mo
4. Has said child any estate, or heir to any estate?	None but small home	" " " 10
5. Describe the estate, its location and value, including life insurance.		
6. When and where did the parents of said child die?	George Ellis died April 6, 1905, Gr.	
7. Where were said parents born.	George Ellis, California, Mother, Pennsylvania	
8. When were said parents married?	April 8th 1900	
9. When did the parents come to California, and to this county?	Kate Ellis, 1894	
10. Relation of applicant to child	Grandmother	
11. Are either or both of said parents living? If so give place of residence.	Mother, Oakland at present 1910-Gr.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	mother not able, Grandmother caring for children	
13. Who has charge and control of said child at the present time?	Grandmother	
14. How much aid is necessary and how long will require it?	Cannot say	

References: Samuel Richards, T. F. Phillips, J. J. Jackson

190 8	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan. July	6		24 00	24 —	550	C. J. Miller
Feb. Aug	7		24 —	24 —	920	C. J. Miller ✓
Mar. Jan	4		24 —	24 —	13	C. J. Miller ✓
April Feb	6		24 —	24 —	389	C. J. Miller ✓
May July	6		24 —	24 —	526	" " ✓
June Oct	5		24 —	24 —	810	" " ✓
July Jan	3		24 —	24 —	2	" " ✓
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Rollyn Chivell	5	10	male	Nevada City June 20, 1902	1st April 7, 1908	1st by Josephine Chivell
(2) Mulvina Chivell	3	8	Female	" " Aug. 16, 1904	2nd	2nd "
(3) Martha Chivell		5	Female	Grass Valley Nov. 15, 1907	3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable, allowed for $12 per month, April 18th. 1908
3. What are the names of the parents of such child?	James and Josephine Chivell	
4. Has said child any estate, or heir to any estate?	no.	
5. Describe the estate, its location and value, including life insurance.		
6. When and where did the parents of said child die?	Father at Grass Valley Jan 21st 1908	Renewed Jan 8 1909 $12 per mo
7. Where were said parents born.	Both in Nevada Co. California	" " 10th, 1910 $12 per "
8. When were said parents married?	May 1st 1901	" " 7th, 1911 @12 " "
9. When did the parents come to California, and to this county?	Born here	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Mother, Nevada City Calif.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	no finances mother not able to work.	
13. Who has charge and control of said child at the present time?	Mother	
14. How much aid is necessary and how long will require it?		

REFERENCES: S. Le. Leiter, F. W. Taylor, L. A. Daily

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July	6		36 —	36 —	539	Josephine Chivell
Feb. Oct	7		36 —	36 —	904	Josephine Chivell ✓
Mar. Jan	4		36	36 —	7	Josephine Chivell ✓
April Apr	6		36 —	36 —	376	" " ✓
May July	6		36 —	36 —	535	" " ✓
June Oct	5		36 —	36 —	802	" " ✓
July Jan	3		36 —	36 —	35	" " ✓
Aug Apr	5		36 —	36 —	320	" " ✓
Sept July	6		36 —	36 —	573	" " ✓
Oct. Oct.	4		36 —	36 —	891	" " ✓
Nov Jan	3		36 —	36 —	27	" " ✓
Dec Apr	3		36 —	36 —	337	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. July	6		36 —	36 —	744	Josephine Chivell
Feb. Oct	4		36 —	36 —	1009	" " ✓
Mar. Jan	2		36 —	36 —	9	" " ✓
Apr. Apr	1		36 —	36 —	451	" " ✓
May July	2		36 —	36 —	772	" " ✓
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	James Dunkley	9	4	Male	Grass Valley Nov 28, 1898	1st April 10, 1908	1st by Thomas Dunkley
(2)						2nd	2nd " " "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Full Orphan	Favorable, Allowed for $5 per month, April 13th, 1908
3.	What are the names of the parents of such child?	Marcellus and Annie Dunkley	
4.	Has said child any estate, or heir to any estate?	No	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Mother Grass Valley July 19 1900 Father at Tonopah, Jan 22, 1902	
7.	Where were said parents born.	Both born in Grass Valley.	
8.	When were said parents married?	July 6th, 1895	
9.	When did the parents come to California, and to this county?	Born here	
10.	Relation of applicant to child	Guardian & Uncle.	
11.	Are either or both of said parents living? If so give place of residence.	neither parent living	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.		
13.	Who has charge and control of said child at the present time?	Thomas Dunkley.	
14.	How much aid is necessary and how long will require it?		

Renewed Jan 8, 1909 for $5 per mo.
" " 10th, 1910 " $5 " "
" " 7th, 1911 @ $5 " "

REFERENCES: J. M. Hays, L. M. Peck and L. L. Townsend.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	July 6		15 -	15 -	548	L. J. Miller
Feb.	" 7		15 -	15 -	922	" "
Mar.	Jan 4		15 -	15 -	16	" "
April	Apr 6		15 -	15 -	890	" "
May	July 6		15 -	15 -	527	" "
June	Oct 5		15 -	15 -	509	" "
July	Jan 3		15 -	15 -	14	" "
Aug.	Apr 5		15 -	15 -	346	" "
Sept.	July 6		15 -	15 -	548	" "
Oct.	Oct. 4		15 -	15 -	867	" "
Nov.	Jan 3		15 -	15 -	25	" "
Dec.	Apr 3		15 -	15 -	309	" "
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	July 6		15 -	15 -	766	L. J. Miller
Feb.	Oct 4		15 -	15 -	988	" "
Mar.	Jan 2		15 -	15 -	15	" "
Apr.	Apr 1		15 -	15 -	458	" "
May	July 2		15 -	15 -	783	" "
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
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Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) dis Dewey Rourke	10	—	M.	Grass Valley June 29, 1898	1st July 6, 1908	1st by Miss Mary Davis
(2) Mary Rourke	7	6	F.	" " June 21, 1901	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)						

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Whole Orphans
3. What are the names of the parents of such child? — John + Maggie Rourke
4. Has said child any estate, or heir to any estate? — Arnold Home formerly mother's
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? — Father, G.V. Dec 21, 1903 Mother G.V. June 16, '08
7. Where were said parents born. — Both born in California
8. When were said parents married? — April 18, 1897
9. When did the parents come to California, and to this county? — Father about 13 years ago, Mother Part time
10. Relation of applicant to child — Legal appointed Guardian
11. Are either or both of said parents living? If so give place of residence. — No.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Guardian, not able to support children without the aid, object. keeping them together.
13. Who has charge and control of said child at the present time? — Court + Legal Guardian, Miss
14. How much aid is necessary and how long will require it? — Davis

REPORT OF INVESTIGATORS

Allowed July 6, 1908
for 10.00 per Month
Renewed Jan 8, 1909 $10 per mo.
" " 10th, 1910 $10 " "
" " 7th, 1911 $10 " "

REFERENCES: W. Jas. Michell
L. L. Rowe
Wm. Travis

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Oct 7		30 00	30 00	911	C. J. Miller ✓
Feb.	Jan 4		30 —	30 —	17	C. J. Miller ✓
Mar.	Jan 6		30 —	30 —	394	C. J. Miller ✓
April	July 6		30 —	30 —	528	" " ✓
May	Oct 5		30 —	30 —	824	" " ✓
June	Jan 3		30 —	30 —	13	" " ✓
July	Jan 5		30 —	30 —	341	" " ✓
Aug.	July 6		30 —	30 —	549	" " ✓
Sept.	Oct 4		30 —	30 —	880	" " ✓
Oct.	Jan 3		30 —	30 —	24	" " ✓
Nov.	Jan 3		30 —	30 —	321	" " ✓
Dec.	July 6		30 —	30 —	767	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Oct 4		30 —	30 —	989	C. J. Miller ✓
Feb.	Jan 2		30 —	30 —	24	" " ✓
Mar.	Jan 1		30 —	30 —	457	" "
Apr.	July 2		30 —	30 —	775	" "
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Jennie Keskeys	13		F	Grass Valley Oct 4 1895	1st Oct 9, 1908	1st by Mrs. Alice Keskeys
(2)	Martha Keskeys	10	11	F	" " Dec 15, 1897	2nd	2nd "
(3)	Kittie Keskeys	9	9	F	" " Jan 15 1899	3rd	3rd "
(4)	William Keskeys	1	11	M.	" " Oct 18 1906	4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued July 6, 1909		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Allowed Oct 9, 1908 for $15 per month
3.	What are the names of the parents of such children?	Charles and Alice Keskeys	Renewed Jan 8, 1909 for 15 per mo.
4.	Has said children any estate, or heirs to any estate?	Small home	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said children die?	San Francisco Cal. Sept 22, 1908	
7.	Where were said parents born.	Mother in Grass Valley Father in England	
8.	When were said parents married?	February 4, 1893	
9.	When did the parents come to California, and to this county?	Father about 1878	
10.	Relation of applicant to children	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother. Grass Valley. Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Not able to support Children only by daily Labor	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: Thomas H Wales, Jno R. Martin, H.R. Walker

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan. 4	1908		45 -	45 -	18	C.J. Miller ✓
	Feb. 6	6		45 -	45 -	393	C.J. Miller ✓
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Frank Claire Organ	7	3	m.	Carson City Nev.	1st Oct 9, 1908	1st by Mrs William H Organ
(2)	Wm Hugh Johnson Organ	5	3	m.	San Francisco Cal	2nd	2nd "
(3)	Robert Huffaker Organ	2	9	m.	Taboucie Unsan Korea	3rd	3rd "
(4)	Virginia Manson Organ		15	F.	Nevada City Cal	4th	4th "
(5)						Date Aid Discontinued	
(6)						Discontinued Jan 6, 1909	

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such children?	William Hugh Organ & Nellie M. Organ	Allowed Oct 19, 1908
4.	Has said children any estate, or heir to any estate?	No.	for $15.00 per month
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Father in San Francisco Cal. Sept 20, '08	
7.	Where were said parents born.	Father in Nevada City, Mother in Chicago Ill	
8.	When were said parents married?	Oct 1st 1900	
9.	When did the parents come to California, and to this county?	Mother in 1895. to Nevada Co in 1900	
10.	Relation of applicant to children	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Nevada City, Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Financial resources nil. Alimony spent in father's last illness	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	The usual amount in such case until Mother can secure permanent employment.	

REFERENCES: Robert Organ, George Coughlan, Frank Steel

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Orville Camp	5	10	M	Nevada City Mar 18, 1903	1st January 8, 1909	1st by Jennie Camp
(2)	Francis Camp		2mos	M	" " Dec 26, 1908	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)					Discontinued Jan 10th, 1910	Date Aid Discontinued	
(6)							

2. State whether the child orphan, half orphan or abandoned child.
3. What are the names of the parents of such child?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans
Frank + Jennie Camp
No
None
Father, Nevada Co. October 6, 1908
Father - Canada, Mother Nev. Co.
February 18th, 1901
About, 1895
Mother
Mother, Lowell Hill Nev. Co. Cal.
Have no finances - Mother is an invalid
Mother

REPORT OF INVESTIGATORS

Favorable
Allowed Jan 8, 1909 - $10.00 per mo
Discontinued Jan 10th, 1910

REFERENCES: Fred Searls, Mrs. Deborah Clymo, Jno A. O'Neill

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	6		30 -	30 -	376	Geo. Loughlan ✓
	Feb.	5		30 -	30 -	801	Geo. Loughlan ✓
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Loretta Mill	8		F.	Grass Valley Jan 15, 1901	1st Jan 8, 1909	1st by Lizzie Mill
(2) William C. Mill	6	2	M.	" " Nov 18, 1902	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)				Discontinued Jan 2nd, 1912		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable
3.	What are the names of the parents of such child ?	William + Lizzie Mill	Allowed Jan 8, 1909 for $10.00 per M
4.	Has said child any estate, or heir to any estate?	No	Renewed " 10th 1910 " 10.00 " "
5.	Describe the estate, its location and value, including life insurance.	None	" " 7th, 1911 " 10.00 " "
6.	When and where did the parents of said child die?	Father, Grass Valley Nov 8, 1908	
7.	Where were said parents born.	Both in California	
8.	When were said parents married?	June 28th, 1900	
9.	When did the parents come to California, and to this county?	Born here	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Grass Valley Cal	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	has no income, unable to support children	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: Frank Auer, Jas. P Johnson & E Clinch

1909	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan	Apr 6		30	30	392	C J Miller ✓
Feb	July 6		30	30	530	" " ✓
Mar	"		30	30	835	" " ✓
April	Jan 3		30	30	12	" " ✓
May	Apr 5		30	30	342	" " ✓
June	July 6		30	30	551	" " ✓
July	Oct. 4		30	30	877	" " ✓
Aug	Jan 3		30	30	23	" " ✓
Sept.	Apr 3		30	30	314	" " ✓
Oct	July 6.		30	30	759	" " ✓
Nov.	Oct 4		30	30	987	" " ✓
Dec.						
Total						

1909	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Leonard Lind	10	6	M.	Nevada Co. July 12, 1898	1st Jan 8, 1909	1st by Nora Lind
(2)	Viola Lind	8		F.	" " Jan 3, 1901	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

2. State whether the child orphan , half orphan or abandoned child.
3. What are the names of the parents of such child ?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans
Augustus and Nora Lind
None whatever

Father April 15th 1906 Nevada City
Father Sweden, Mother Iowa
1884
Mother 1879 - Father don't know
Mother
Mother, Grass Valley
Have no finances or income
Mother

REPORT OF INVESTIGATORS

Favorable
Allowed Jan 8, 1909 for 8.00 per Mo.
Renewed " 10th, 1910 " 8.00 " "
" " 7, 1911 " 8.00 " "

REFERENCES: L. Hyman, R.J. Bennetts Mrs. Anna Lopez

190 9	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	6		24 -	24 -	395	Nora Lind ✓
Feb. July	6		24 -	24 -	531	" " ✓
Mar. Aug	5		24 -	24 -	826	" " ✓
April Jan	3		24 -	24 -	17	" " ✓
May Apr	5		24 -	24 -	354	" " ✓
June July	6		24 -	24 -	542	" " ✓
July Oct.	4		24 -	24 -	858	" " ✓
Aug. Jan	3		24 -	24 -	5	" " ✓
Sept Apr	3		24 -	24 -	308	" " ✓
Oct July	6		24 -	24 -	772	" " ✓
Nov Oct	2		24 -	24 -	915	" " ✓
Dec Jan	2		24 -	24	32	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	1		24 -	24 -	471	Nora Lind ✓
Feb. July	1		24 -	24 -	790	Nora Lind ✓
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Mary Roach (Dec'd)	12	11	F.	Grass Valley Feb. 1896	1st January 8, 1909	1st by Mrs. Mary Roach
(2)	Ruby Roach	2	11	"	" " " 28th 1906	2nd	2nd "
(3)	Blanche Roach	6	2	"	" " Nov. 2nd 1902	3rd	3rd "
(4)	Lillie Roach	1	6	"	" " July 9th 1907	4th	4th "
(5)						Date Aid Discontinued	
(6)							

2. State whether the child orphan, half orphan or abandoned child.
3. What are the names of the parents of such child ?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans
Henry & Mary Roach
Small Home in Grass Valley Pl.
Home is on land owned by heirs of M Roach
Father Jan 4th 1909 D.V. Pl.
Both in California
January 9 1894
Born there
Mother
"
Grass Valley Pl.
Mother unable to support children without assistance
Mother

REPORT OF INVESTIGATORS

Favorable
Allowed Jan 8, 1909 for $20.00 per m.
Renewed " 10th, 1910 " 15.00 " "
" " 7th, 911 @ 15.00 " "

REFERENCES: Arthur L. Gill, Will T. George, S. T. Jones.

190 9	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	6		60 00	60 00	401	C.J. Miller ✓
Feb. July	6		60 -	60 -	529	" " ✓
Mar. Oct	5		60 -	60 -	827	" " ✓
April Jan	3		60 -	60 -	11	" " ✓
May Apr	5		45 -	45 -	343	" " ✓
June July	6		45 -	45 -	563	" " ✓
July Oct	4		45 -	45 -	876	" " ✓
Aug. Jan	3		45 -	45 -	22	" " ✓
Sept. Apr	3		45 -	45 -	322	" " ✓
Oct. July	6		45 -	45 -	760	" " ✓
Nov. Oct	4		45 -	45 -	947	" " ✓
Dec. Jan	2		45 -	45 -	14	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	1		45 -	45 -	460	C.J. Miller ✓
Feb. July	2		45 -	45 -	782	" " ✓
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1. NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Frances Hall	11	2	M	Grass Valley Nov 25, 1897	1st Jan 8, 1909	1st by Mrs. Annie Hall
(2) James Hall	6	4	"	" " Sept 11, 1902	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)				Discontinued Jan 7th 1911		

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable
3. What are the names of the parents of such child?	Joseph + Annie Hall	Allowed Jan 9, 1909 for 8 Yr Mo.
4. Has said child any estate, or heir to any estate?	No	Renewed " 10th, 1910 " 8th " "
5. Describe the estate, its location and value, including life insurance.	None	
6. When and where did the parents of said child die?	Father, October 9, 1908, Grass Valley California	
7. Where were said parents born.	December 10th, 1874	
8. When were said parents married?	Born here	
9. When did the parents come to California, and to this county?	Mother	
10. Relation of applicant to child	"	
11. Are either or both of said parents living? If so give place of residence.	Grass Valley.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no means or resources whatever	
13. Who has charge and control of said child at the present time?	Mother	
14. How much aid is necessary and how long will require it?		

REFERENCES: F. Thomas, John F. Hennessey C. J. Prodger

RDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
24	Jan Apr	6		24 —	24 —	400	C. J. Miller ✓
	Feb July	6		24 —	24 —	532	" " ✓
	Mar Oct	5		24 —	24 —	811	" " ✓
	April Jan	3		24 —	24 —	10	" " ✓
	May Apr	8		24 —	24 —	413	" " ✓
	June July	12		24 —	24 —	642	✓
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

RDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Lloyd Richard Williams		5	M	Nevada City Cal October 17, 1908	1st April 8, 1909	1st by Mrs S M Williams
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued Oct 4th, 1911		

		ANSWERS	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphan	Favorable
3.	What are the names of the parents of such child ?	Richard & Sarah Williams	Allowed April 9th '09 $15 per Mo.
4.	Has said child any estate, or heir to any estate?	None	Renewed Jan. 10th, 1910, $15 per Mo.
5.	Describe the estate, its location and value, including life insurance.		" Jan 7, 1911 $15 " "
6.	When and where did the parents of said child die?	Jan 19th 1909 Nevada City Cal Nevada City Calif December 19th, 1907	
7.	Where were said parents born.		
8.	When were said parents married?		
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	" Nevada City	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	no resources whatever	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: F Guenther; Ed A Work + A J Bovey

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	July 6		15 00	15 00	613	Mrs R Williams ✓
Feb.	Oct 5		15 -	15 -	807	" " " ✓
Mar.	Jan 8		15 -	15 -	80	" " ✓
April	Apr 5		15 -	15 -	324	" " ✓
May	July 6		15 -	15 -	574	" " ✓
June	Oct. 4		15 -	15 -	886	" " ✓
July	Jan 3		15 -	15 -	31	" " ✓
Aug.	Apr 3		15 -	15 -	335	" " ✓
Sept.	July 6		15 -	15 -	749	" " ✓
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	Place and Date of Birth	Date Application was Filed	Application Signed
(1) Carrie Edwards Dis	12	9	F.	Grass Valley July 15, '96	1st April 8, 1909	1st by Mrs L.P. Edwards
(2) Clara Edwards	8	11	F.	" " April 25, 1900	2nd	2nd "
(3) Madeline Edwards	5	2	F.	" " Feb 15, 1904	3rd	3rd "
(4) Milton Edwards	1	4	M.	" " Nov 30, 1907	4th	4th "
(5)					Date Aid Discontinued	
(6)						

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans
3. What are the names of the parents of such child? — Carrie R. & John W. Edwards
4. Has said child any estate, or heir to any estate? — None
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? — " March 26 1909 - Grass Valley
7. Where were said parents born. — Father - Michigan - Mother Calif
8. When were said parents married? — April 18th, 1894
9. When did the parents come to California, and to this county? — Father - 1869 Mother " Grass Valley
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Have no finances & reside with Mother.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Favorable
Allowed April 9th 1909 for 16 per Mo.
Renewed Jan 10th 1910, " $20 " "
Reduced July 6th 1910 " 15 " "
Renewed Jan 7th, 1911 15 " "

REFERENCES: John R. Martin, T. F. Hogan, J. Hammill

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan July	6		48 —	48 —	533	C.J. Miller ✓
Feb Oct	5		48 —	48 —	815	" " " ✓
Mar. Jan	8		48 —	48 —	9	" " ✓
April Apr	5		60 —	60 —	844	" " ✓
May July	6		60 —	60 —	537	" " ✓
June Oct.	4		45 —	45 —	879	" " ✓
July Jan	3		45 —	45 —	21	" " ✓
Aug Apr	3		45 —	45 —	324	" " ✓
Sept. July	6		45 —	45 —	752	" " ✓
Oct. Oct	4		45 —	45 —	998	" " ✓
Nov. Jan	2		45 —	45 —	13	" " ✓
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan. Apr	1		45 —	45 —	459	C.J. Miller ✓
Feb. July	2		45 —	45 —	781	C.J. Miller ✓
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	Date of Aid	Kind of Aid: Mdse.	Kind of Aid: Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Alfred James Reed dise	12	3	M.	England. Dec 31, 1897	1st April 5, 1909	1st by Mrs. Bessie Reed
(2)	Bessie Reed	10	—	F.	" April 19, 1899	2nd	2nd "
(3)	Lizzie Reed	8	8	F.	" Aug. 9, 1900	3rd	3rd "
(4)	Lettie Reed	5	—	F.	Grass Valley Apr 5, 1904	4th	4th "
(5)						Date Aid Discontinued	
(6)						Discontinued April 3rd, 1911	

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	
3.	What are the names of the parents of such child ?	William J. Reed + Bessie Reed	Favorable:
4.	Has said child any estate, or heir to any estate?	None	Allowed April 9th 09 for $16 per mo
5.	Describe the estate, its location and value, including life insurance.	Insured for $500.00 Mr Reed sick 1 year all expended	Renewed Jan 10th, 1910 " 16 " "
6.	When and where did the parents of said child die?	January 23 1909, Grass Valley Calif	" " 7th, 1911 " 15 " "
7.	Where were said parents born.	England	
8.	When were said parents married?	May 31, 1894	
9.	When did the parents come to California, and to this county?	Father, 1903 - Mother, 1904	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	" Grass Valley	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Have no finances or income	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: A. L. Gill, C. B. Grenfel, J. L. Brooks

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	July 6		48 —	48 —	534	C J. Miller ✓
Feb.	Oct 5		48 —	48 —	813	" " ✓
Mar.	Jan 3		48 —	48 —	1	" " ✓
April	Apr 5		48 —	48 —	336	" " ✓
May	July 6		48 —	48 —	362	" " ✓
June	Oct 4		48 —	48 00	875	" " ✓
July	Jan 3		48 —	48 —	15	" " ✓
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Irene Irish	8	3	F.	Grass Valley May 6, 1901	1st July 9, 1909	1st by Mrs. Maggie Irish
(2)	Marguerite Irish	6	11	F.	" " July 25, 1902	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans
3. What are the names of the parents of such child? — John + Maggie Irish
4. Has said child any estate, or heir to any estate? — None
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? — April 25, 1909 - Grass Valley Cal
7. Where were said parents born. — Grass Valley Nevada Co. Calif
8. When were said parents married? — June 24, 1898
9. When did the parents come to California, and to this county? — Born here
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — " Grass Valley, Cal.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Have no means of support
13. Who has charge and control of said child at the present time? — Mother
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Allowed July 9, 1909 - 8 per Mo.
Renewed Jan 10, 1910 8 per "
" " 7th, 1911 8 " "

REFERENCES: W. J. Michell, T. F. Phillips A. L. Gill

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	5		24 -	24 -	812	C J Miller ✓
	Feb.	3		24 -	24 -	8	" " ✓
	Mar.	5		24 -	24 -	887	" " ✓
	April	6		24 -	24 -	559	" " ✓
	May	4		24 -	24 -	878	" " ✓
	June	3		24 -	24 -	17	" " ✓
	July	3		24 -	24 -	311	" " ✓
	Aug.	6		24 -	24 -	756	" " ✓
	Sept.	4		24 -	24 -	999	" " ✓
	Oct.	2		24 -	24 -	25	" " ✓
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	1		24 -	24 -	467	C J Miller ✓
Feb.	2		24 -	24 -	777	" " ✓
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

116

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	George Williams	11	9	M	Nevada City Oct 21, 1897	1st July 9, 1909	1st by Annie Williams
(2)	Esther Williams	8	7	F	" " Nov 11, 1901	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued Oct 27th, 1911		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable Allowed July 9 1909
3.	What are the names of the parents of such child?	James + Annie Williams	for $8.00 per Month
4.	Has said child any estate, or heir to any estate?	None	Renewed Jan 10, 1910 8 per mo.
5.	Describe the estate, its location and value, including life insurance.	"	" Jan 7, 1911 8 " "
6.	When and where did the parents of said child die?	Father February 19, 1909 Nevada City	
7.	Where were said parents born.	England	
8.	When were said parents married?	1872	
9.	When did the parents come to California, and to this county?	1884	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	" Nevada City Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no means. Rents small home	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: J. M. Hadley, L. R. Murchie, 1024 G. Richards

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		24 —	24 —	806	Annie Williams ✓
Feb.	3		24 —	24 —	33	" " ✓
Mar.	5		24 —	24 —	327	" " ✓
April	6		24 —	24 —	569	" " ✓
May	4		24 —	24 —	885	" " ✓
June	3		24 —	24 —	26	" " ✓
July	3		24 —	24	336	" " ✓
Aug.	6		24 —	24	751	" " ✓
Sept.	4		24 —	24 —	1010	" " ✓
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1. NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Patricia Horan	5	3	F	Grass Valley Mar 27 1904	1st July 9, 1909	1st by Kate Horan
(2) Francis Horan		11	F	" " Aug 1, 1908	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable - allowed July 9, 1909
3. What are the names of the parents of such child ?	Thomas + Kate Horan	for $8.00 per month
4. Has said child any estate, or heir to any estate?	None	Renewed Jan 10th, 1910 for $8 per mo
5. Describe the estate, its location and value, including life insurance.	"	" " 7th, 1911 " 8 " "
6. When and where did the parents of said child die?	Father May 4, 1909 - Grass Valley Cal.	
7. Where were said parents born.	State of Nevada	
8. When were said parents married?	June 5, 1901	
9. When did the parents come to California, and to this county?	Came when children	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	" Grass Valley	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Mother not strong + have no finances	
13. Who has charge and control of said child at the present time?	Mother	
14. How much aid is necessary and how long will require it?		

REFERENCES: H R Walker - J M Hammill, H C Schroeder

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Oct	5		24 —	24 —	814	E J Miller ✓
Feb. Jan	3		24 —	24 —	7	" " ✓
Mar. Apr.	5		24 —	24 —	888	" " ✓
April July	6		24 —	24 —	560	" " ✓
May Oct.	4		24 —	24 —	873	" " ✓
June Jan	3		24 —	24 —	16	" " ✓
July Apr	3		24 —	24 —	318	" " ✓
Aug. July	6		24 —	24 —	755	" " ✓
Sept. Oct	4		24 —	24 —	985	" " ✓
Oct. Jan	2		24 —	24 —	23	" " ✓
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	1		24 —	24 —	466	E J Miller ✓
Feb. July	2		24 —	24 —	776	E J Miller ✓
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Mary Silva	11	3	F	Nevada Co. Mar 22, 1898	1st July 9, 1909	1st by Mary Silva
(2) Joaquin Silva	8	2	M	" City Apr 13, 1901	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)						

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	Favorable, allowed July 9, 1909
3. What are the names of the parents of such child?	Antone & Mary Silva	for $8.00 per month.
4. Has said child any estate, or heir to any estate?	None	Renewed Jan 10th, 1910 - 8 per mo.
5. Describe the estate, its location and value, including life insurance.		" " 7th, 1911 8 " "
6. When and where did the parents of said child die?	Father June 20, 1905, Nevada City	Reduced Jan 2nd, 1912 4 " "
7. Where were said parents born.	Azores Islands	
8. When were said parents married?	October 14, 1894	
9. When did the parents come to California, and to this county?	Mother 1894 - Father 1852	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	" Nevada City	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have my finances only what mother can earn	
13. Who has charge and control of said child at the present time?	Mother	
14. How much aid is necessary and how long will require it?		

REFERENCES: J. J. Jackson, T. M. Sharp, C. A. Grissel

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		24 -	24 -	806	Mary Silva ✓
Feb.	3		24 -	24 -	31	" " ✓
Mar.	5		24 -	24 -	321	" " ✓
April	6		24 -	24 -	567	" " ✓
May	4		24 -	24 -	884	" " ✓
June	3		24 -	24 -	28	" " ✓
July	3		24 -	24 -	326	" " ✓
Aug.	6		24 -	24 -	760	" " ✓
Sept.	4		24 -	24 -	1011	" " ✓
Oct.	2		24 -	24 -	8	" " ✓
Nov.	2		12 -	12 -	450	" " ✓
Dec.	2		12 -	12 -	771	" " ✓
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Ellis George,	8	2	M	Grass Valley, Oct 11th 1901	1st Jan 10th, 1910	1st by Kate Ellis
(2) Ellis James.	4	5	"	" " July 9th, 1905	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	
(6)				Discontinued,	Jan 2nd, 1912	

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphans	
3. What are the names of the parents of such child?	George and Kate Ellis	allowed Jan 10, 1910- 8 per mo.
4. Has said child any estate, or heir to any estate?	Nothing but small home	Renewed " 7th 1911- 8 " "
5. Describe the estate, its location and value, including life insurance.		
6. When and where did the parents of said child die?	Father- April 5th, 1905- Grass Valley	
7. Where were said parents born.	" California, Mother, Pennsylvania	
8. When were said parents married?	April 30th, 1900	
9. When did the parents come to California, and to this county?	1894 Sept.	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	" Grass Valley	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Mother has no income or finances except earned by her daily labor	
13. Who has charge and control of said child at the present time?		
14. How much aid is necessary and how long will require it?		

REFERENCES: J. M. Hammall
Fred. M. Miller
Jno R. Martin

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan	Apr 5		24 00	24 00	339	E. J. Miller ✓
Feb	July 6		24 —	24 —	561	" " ✓
Mar.	Oct. 4		24 —	24 —	871	" " ✓
April	Jan 6		24 —	24	18	" " ✓
May	Apr 3		24 —	24	315	" " ✓
June	July 6		24 —	24 —	754	" " ✓
July	Oct 4		24 —	24 —	984	" " ✓
Aug.						
Sept.	July 2		12 —	12 —	141	
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

120

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Adkins, Wilberta Maud	5	1	F	Oroldo Yuba Co. Dec 3, 1904	1st Jan 10th, 1910	1st by Emma Adkins
(2)	Adkins, Edna Merle	2	6	"	Van Trent, Placer Co. June 10, 1907	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)						Discontinued January 7, 1911	

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. Half Orphans
3. What are the names of the parents of such child? William C. & Emma Adkins
4. Has said child any estate, or heir to any estate? No.
5. Describe the estate, its location and value, including life insurance. "
6. When and where did the parents of said child die? Father, June 20, 1907, Van Trent, Placer Co.
7. Where were said parents born. " California, Mother Ill. O
8. When were said parents married? December 11th, 1902
9. When did the parents come to California, and to this county? Mother about 1888
10. Relation of applicant to child "
11. Are either or both of said parents living? If so give place of residence. " Floriston, Nevada Co. Calif.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. Has no resources or income except by own daily labor
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS: Allowed Jan 10th, 1910 for 8 per mo.

REFERENCES: Mary J. Stewart
Waldo Bryant M.D.
Aw. May

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Apr 8		24 -	24 -	416	John Hay ✓
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Davey, Lizzie dive	12	11	F.	Grass Valley Jan 27, 1897	1st Jan 10th, 1910	1st by Jane Granholm
(2)	Davey Verna	11	1	"	" " Nov 30, 1898	2nd	2nd "
(3)	Davey Marion	10	-	M.	Butte Montana Dec 31, 1899	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

8 per mo.

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Orphans.	Allowed January 10th, 1910-15 per mo.
3.	What are the names of the parents of such child?	Stephen + Lillie Davey	Renewed " 7th, 1911-10 " "
4.	Has said child any estate, or heir to any estate?	No	
5.	Describe the estate, its location and value, including life insurance.	"	
6.	When and where did the parents of said child die?	Father - Manhatton Nev - 1905. Mother, Mt Bullion Feb 2 1903	
7.	Where were said parents born.	" Michigan - Mother - Grass Valley	
8.	When were said parents married?	January 27th 1896	
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child	Grandmother	
11.	Are either or both of said parents living? If so give place of residence.	No.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Grandmother is paralized and is unable to support children	
13.	Who has charge and control of said child at the present time?		
14.	How much aid is necessary and how long will require it?		

REFERENCES: D. F. Norton
Thomas Ingram
W. N. Morgan

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan Apr.	5	1	45 —	45 —	347	C. J. Miller. ✓
Feb July	6		45 -	45 -	546	" " ✓
Mar. Oct.	4		45 -	45 -	872	" " ✓
April Jan	3		45 -	45 -	19	" " ✓
May Apr	3		30 -	30 -	310	" " ✓
June July	6		30 -	30 -	753	" " ✓
July Oct	4		30 -	30 -	983	" " ✓
Aug. Jan	2		30 -	30 -	22	" " ✓
Sept. Apr	2		30 -	30 -	465	" "
Oct. July	7		30 -	30 -	779	" "
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Perryman, Pearl	11	1	F.	Nevada City Nov 20, 1898	1st Jan 10, 1910	1st by Ida Perryman
(2)	Perryman, Leona	9	4	F.	" " Aug 23, 1900	2nd	2nd "
(3)	Perryman, Valerie	6	8	F.	" " Mar 24, 1903	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

2. State whether the child orphan, half orphan or abandoned child.
3. What are the names of the parents of such child?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans.
Thomas & Ida Perryman
910
$2000 in ameuntorded of united Workman
Father January 7, 1910 Nevada City Cal
" England, Mother California
May 13 1893
Father when about 12 years of age
Mother
" Nevada City, Calif.
Mother not able to support children
"
$15.00 per month until insurance
money is collected

REPORT OF INVESTIGATORS:

Allowed January 10th, 1910, at $15 per Mo.
Renewed " 7th, 1911 @ 15 " "

REFERENCES: George Loughlan
James Snell
H. E. Ashburn

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	5		45 -	45 -	323	Ida Perryman
Feb.	6		45 -	45 -	568	" "
Mar.	4		45 -	45 -	883	Francis Perryman
April	3		45 -	45 -	36	" "
May	3		45 -	45 -	333	" "
June	6		45 -	45 -	741	" "
July	4		45 -	45 -	1005	" "
Aug.	2		45 -	45 -	2	" "
Sept.	2		45 -	45 -	449	" "
Oct.	2		45 -	45	769	" "
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Argan, Frank Claire	8	6	M.	Carson City, Nev. June 23, 1901	1st January 10, 1910	1st by Helen M Argan
(2)	Argan, William H.	6	6	"	San Francisco June 19, 1903	2nd	2nd "
(3)	Argan, Robert H.	4	–	"	Corea - Dec 13, 1905	3rd	3rd "
(4)	Argan, Virginia M.	2	6	F.	Nevada City - June 23, 1907	4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans
3. What are the names of the parents of such child? — William + Helen Argan
4. Has said child any estate, or heir to any estate? — no
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? — Father Sept 20, 1908, San Francisco
7. Where were said parents born. — " California - Mother Chicago Ill.
8. When were said parents married? — October 1st 1900
9. When did the parents come to California, and to this county? — Mother Calif - Apr 5, 1895 - Nev Co - 1900
10. Relation of applicant to child — "
11. Are either or both of said parents living? If so give place of residence. — " Nevada City Calif
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Mother has no resources except by own labor
13. Who has charge and control of said child at the present time? — "
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS:

Allowed Jan 10th, 1910 for $15 per mo.
Renewed " 7th, 1911 " $15 " "

REFERENCES: George Loughlan
Robert H. Argan
W. G. Richards

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	July 6		45 –	45 –	576	Helen M Argan ✓
	Feb.	Oct. 5		45 –	45 –	322	" " " ✓
	Mar.	Oct. 4		45 –	45 –	882	George Loughlan ✓
	April	Apr. 3		45 –	45 –	35	" " ✓
	May	Apr. 3		45 –	45 –	330	" " ✓
	June	July 6		45 –	45 –	742	" " ✓
	July	Aug. 4		45 –	45 –	1004	" " ✓
	Aug.	Jan. 2		45 –	45 –	11	" " ✓
	Sept.	Apr. 2		45 –	45 –	448	" " ✓
	Oct.	July 2		45 –	45 –	770	" " ✓
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1 NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1) Eleanor May Tucker	7		F	Mt Vernon Dec 20, 1902	1st Apr 13, 1910	1st by Elizabeth Tucker.
(2) Edith Genevra Tucker	5		F	San Francisco Dec 24, 1904	2nd	2nd "
(3)					3rd	3rd "
(4)					4th	4th "
(5)					Date Aid Discontinued	Discontinued April 1st 1912
(6)						

	ANSWERS	REPORT OF INVESTIGATORS
2. State whether the child is orphan, half orphan or abandoned child.	Half Orphans	
3. What are the names of the parents of such child?	James E Tucker and Elizabeth Tucker.	Allowed Apr 3, 1910 for $30 per mo. Renewed Jan 17, 1911 " $30 " "
4. Has said child any estate, or heir to any estate?		
5. Describe the estate, its location and value, including life insurance.		
6. When and where did the parents of said child die?	Father, Stuart, Tuolumne Co, Cal. Feb 13, 1910	
7. Where were said parents born.	Father England, Mother San Francisco.	
8. When were said parents married?	May 14, 1902	
9. When did the parents come to California, and to this county?	Father about 1890, Mother Feb 27, 1910	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Mother, Grass Valley, Cal.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Mother has no means, has been under Drs. Care since coming to Co.	
13. Who has charge and control of said child at the present time?	Mother	
14. How much aid is necessary and how long will require it?		

REFERENCES: C E Church, Richards & Edington, Carl P. Jones

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	July 6		30 -	30 -	558	C. J. Miller ✓
Feb.	Oct. 4		30 -	30 -	870	" " " ✓
Mar.	Jan 3		30 -	30 -	20	" " ✓
April	Apr 3		30 -	30 -	316	" " ✓
May	July 6		30 -	30 -	757	" " ✓
June	Oct 4		30 -	30 -	996	" " ✓
July	Jan 2		30 -	30 -	26	" " ✓
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
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July						
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Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Nanny Hill	9	7	F	Colorado Sept 19, 1900	1st April 7, 1910	1st by Peggy Hill
(2)	Ella F Hill	6	9	M.	Nevada City July 11, 1903	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child[ren] orphan , half orphan or abandoned child. — Half Orphans.
3. What are the names of the parents of such child ? — William Hill and Peggy Hill
4. Has said child[ren] any estate, or heir to any estate? — None
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child[ren] die? — Father Feb 23 1910, Nevada City Cal
7. Where were said parents born. — England
8. When were said parents married? — July 14, 1889
9. When did the parents come to California, and to this county? — California 1890 Nevada Co 1895
10. Relation of applicant to child[ren] — Mother
11. Are either or both of said parents living? If so give place of residence. — Mother, Nevada City Cal.
12. State the financial condition of said living parent and whether or not able to support said child . If not, state why. — Have no financial whatever or means of support. Mother.
13. Who has charge and control of said child[ren] at the present time?
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Allowed Apr 7, 1910 for $10 per month
Renewed Jan 7, 1911 " $10 " "

REFERENCES: John Delbridge, W. G Richards. Ralph W Gaylord

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	July 6		30 -	30 -	575	Peggie V. Hill ✓
Feb.	Oct. 4		30 -	30 -	881	" " " ✓
Mar.	Jan 3		30 -	30 -	29	" " ✓
April	Apr 3		30 -	30 -	332	" " ✓
May	July 6		30 -	30 -	743	" " ✓
June	Oct 4		30 -	30 -	1103	" " ✓
July	Jan 2		30 -	30 -	0	" " ✓
Aug.	Apr. 2		30 -	30 -	447	" " ✓
Sept.	July 2		30 -	30 -	768	" " ✓
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	John Rupert Kenny	13	-	M.	Grass Valley Mar 24, 1897	1st Apr 5, 1910	1st by Mary Nash
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued (see Page 897		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Whole Orphan	
3.	What are the names of the parents of such child?	James Kenny and Mary Kenny.	Allowed Apr 5 1910, $5 per mo.
4.	Has said child any estate, or heir to any estate?	Small home in Grass Valley.	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Mother, Grass Valley June 7, 1902, Father S.F. Dec 11 1906	
7.	Where were said parents born.	Father San Francisco. Mother Grass Valley Cal.	
8.	When were said parents married?	July 1888	
9.	When did the parents come to California, and to this county?		
10.	Relation of applicant to child	Aunt (Legal Guardian)	
11.	Are either or both of said parents living? If so give place of residence.		
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no finances or means of support.	
13.	Who has charge and control of said child at the present time?	Legal Guardian. (Aunt)	
14.	How much aid is necessary and how long will require it?		

REFERENCES: Thos. F Hogan. C E Ashburn. H C Schroeder.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
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June						
July						
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Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
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Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Renfree Reuben J. dec.	12	9	M.	Nev City Dec 23, 1897	1st Oct 5th, 1910	1st by Mrs. Bessie Renfree
(2)	Renfree Arlen C.	7	7	M.	" " Feby 25, 1903	2nd	2nd "
(3)	Renfree John C.	4	6	M.	" " Mar 28, 1906	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans.
3. What are the names of the parents of such child? — Samuel & Bessie Renfree
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance. — Insurance 1000 in Prudential Ins Co.
6. When and where did the parents of said child die? — Father Sept 28th, 1910 Nevada City.
7. Where were said parents born. — Father, England, Mother California.
8. When were said parents married? — Feby 6th, 1897
9. When did the parents come to California, and to this county? — Father, about 1892.
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — " Nevada City, Calif.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Mother has no finances or means of support, kept small home. and has not as yet received the Insurance
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Allowed Oct 7, 1910 for 1 per mo.
Renewed Jan 7, 1911 - $12 " "
Reduced Oct 4th, 1911 - to $8 " "

REFERENCES: W. H. Martin
W. G. Richards
P. G. Faudden

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	3		30 -	30 -	222	Bessie Renfree ✓
Feb.	Apr 3		36 -	36 —	328	" " ✓
Mar.	July 6		36 -	36 —	740	" " ✓
April	Oct 4		36 -	36 -	1000	" " ✓
May	Jan 2		30 -	30 -	7	" " ✓
June	Apr. 2		24 -	24 -	445	" " ✓
July	July 3		24 -	24 -	767	" " ✓
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
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Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
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July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Lewis Ada	8	4	F.	Nevada City, Apr 9, 1902	1st January 5, 1911	1st by Mrs. Annie Lewis
(2)	" Allen	6	11	M.	" " Feb 5, 1904	2nd	2nd "
(3)	" Albert	5	2	M.	" " Oct 21, 1905	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

2. State whether the child orphan, half orphan or abandoned child.
3. What are the names of the parents of such child?
4. Has said child any estate, or heir to any estate?
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die?
7. Where were said parents born.
8. When were said parents married?
9. When did the parents come to California, and to this county?
10. Relation of applicant to child
11. Are either or both of said parents living? If so give place of residence.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
13. Who has charge and control of said child at the present time?
14. How much aid is necessary and how long will require it?

ANSWERS:

Half Orphans.
Thomas & Annie Lewis
None whatever.
" "
Father, Nevada City, Dec 5, 1910
" Pennsylvania, Mc Calf.
November 22nd 1900
Father when a child
Mother
" Nevada City Calf.
Have no finances or means of support
Mother

REPORT OF INVESTIGATORS

Allowed Jan 7, 1911, for $15 per Mo.

REFERENCES: A. K. Snell, J. Lee Lester, E. E. Stone.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	8		45 -	45 -	329	Annie Lewis ✓
Feb. July	6		45 -	45 -	739	" " ✓
Mar. Oct	4		45 -	45 -	1002	" " ✓
April Jan	2		45 -	45 -	12	" " ✓
May Apr.	2		45 -	45 -	444	" " ✓
June July	3		45 -	45 -	765	" " ✓
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
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Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
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Sept.						
Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Mannell, Francis L.	12	11	M	Grass Valley Feb 20, 1898	1st Jan 5th, 1911	1st by Mary Mannell
(2)	" Phillipa C.	10	11	M.	" " " 16, 1900	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)					Discontinued Jan 2nd, 1912		

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans.	Allowed Jan 7, 1911 for $8 per mo.
3.	What are the names of the parents of such child?	William + Mary Mannell	
4.	Has said child any estate, or heir to any estate?	Small home, mortgaged	
5.	Describe the estate, its location and value, including life insurance.	$1000 life insurance	
6.	When and where did the parents of said child die?	Father, Grass Valley, Sept 25th 1910	
7.	Where were said parents born.	Father, England, Mother-New York	
8.	When were said parents married?	February, 1896	
9.	When did the parents come to California, and to this county?	Father-1880- Mother-	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	" Grass Valley, Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no means or means to support	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: John Best, H. Green, C. R. Abraham.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan. Apr	3		24 —	24 —	343	Mary Mannel.
Feb. May	6		24 —	24 —	758	" "
Mar. Oct	4		24 —	24 —	995	C. J. Miller
April Jun	2		24 —	24 —	27	" "
May						
June						
July						
Aug.						
Sept.						
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Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
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June						
July						
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Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
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April						
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Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
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Sept.						
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Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Clifford Sawyer dec:	13	8	male	Grass Valley Nov. 10, 1897	1st July 7, 1911	1st by Mrs. Edith Sawyer
(2)	Leontine Sawyer	11	6	F.	" " Jan 21- 1900	2nd " " "	2nd " " " "
(3)	Victor Sawyer	8	10	M.	" " Oct 18- 1902	3rd " " "	3rd " " " "
(4)	Charlotte Sawyer	6	4	F.	" " Mar 6 - 1905	4th " " "	4th " " " "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans.
3. What are the names of the parents of such child? — Edith and Alcide Sawyer
4. Has said child any estate, or heir to any estate? — Vacant lot in Grass Valley, value $ 100 ~~00~~
5. Describe the estate, its location and value, including life insurance. — No.
6. When and where did the parents of said children die? — Father in Grass Valley May 30, 1911
7. Where were said parents born. — Father in France, Mother in Grass Valley.
8. When were said parents married? — February 16, 1897
9. When did the parents come to California, and to this county? — Father in 1861
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — Mother at Grass Valley, Cal
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — No means of support, unable to support children ~~without~~ no finances without aid.
13. Who has charge and control of said child at the present time? — Mother
14. How much aid is necessary and how long will require it? — Do not know at present time

REPORT OF INVESTIGATORS

Allowed July 7, 1911 for $15- per mo.

REFERENCES: John Davey. Edward P Fitzsimmons. T J. Thomas

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Oct 4		45 -	45 -	986	C J Miller
Feb.	Jan 2		45 -	~~45~~ -	21	C J Miller
Mar.	Apr. 2		45 -	45 -	464	" "
April	July 2		45 -	45 -	780	" "
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.	"					
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECCIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
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Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Edna Latta	11	10	F	Nevada City, Dec 2, 1899	1st Oct 4, 1911	1st by Mary Latta
(2)	Bell Latta	8	4	F	" " May 2 1903	2nd	2nd "
(3)	Chester Latta	6	2	M.	" " July 15 1905	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

	ANSWERS:	REPORT OF INVESTIGATORS
2. State whether the child orphan, half orphan or abandoned child.	Half Orphan	Allowed Oct 4, 1911 @ $12.00 per mo.
3. What are the names of the parents of such child?	Robert and Mary Latta	
4. Has said child any estate, or heir to any estate?	$2000 Life Insurance	
5. Describe the estate, its location and value, including life insurance.	Small Home mortgaged	
6. When and where did the parents of said child die?	Father July 16, 1911	
7. Where were said parents born.	California	
8. When were said parents married?	February 8, 1888	
9. When did the parents come to California, and to this county?	Born There	
10. Relation of applicant to child	Mother	
11. Are either or both of said parents living? If so give place of residence.	Mother, Nevada City Calif.	
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.	mortgage and last sickness of father Insurance received will take almost all to pay.	
13. Who has charge and control of said child at the present time?	Mother	
14. How much aid is necessary and how long will require it?	Until children grow old enough to help Mother	

REFERENCES: George Coughlan, Frank Stutz, S. J Clark

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.	2		36 –	36 –	3	Mary Latta ✓
	Feb. Apr.	2		36 –	36 –	446	" " ✓
	Mar. July	2		36 –	36 –	764	" "
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
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	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
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Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
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Oct.						
Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE YEAR	AGE MONTH	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Lauren H Woodruff	11		M.	Columbia Kile Sept 12 1900	1st Oct 2 1911	1st by N. P Woodruff
(2)						2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Whole Orphan	Allowed Oct 2, 1911 @ $5.00 per mo
3.	What are the names of the parents of such child ?	Lauren and Minnie Woodruff.	
4.	Has said child any estate, or heir to any estate?	None	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Minnie Woodruff Mother Grass Valley Sept 11, 1911 Lauren Woodruff, father, Columbia Kile Dec 3, 1903	
7.	Where were said parents born.	California	
8.	When were said parents married?	October 3rd 1893	
9.	When did the parents come to California, and to this county?	Born here	
10.	Relation of applicant to child	Grandmother	
11.	Are either or both of said parents living? If so give place of residence.	no.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Orphan is an invalid and has no means of support:	
13.	Who has charge and control of said child at the present time?	Grandmother	
14.	How much aid is necessary and how long will require it?		

REFERENCES: H C Schroeder, Jno M. Hammile, T F Hogan.

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Jan 2		15 -	15 -	28	C.J. Miller
Feb.	Apr. 2		15 -	15 -	462	" "
Mar.	July 2		15 -	15	778	" "
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
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July						
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Sept.						
Oct.						
Nov.						
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Total						

190	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
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May						
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July						
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Nov.						
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Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Ellen Kendrick	12	11	F.	Nevada City Jan 11, 1899	1st Jan 4, 1912	1st by Maud Kendrick
(2)	Irma Kendrick	8	2	F.	" " Oct 8 1903	2nd	2nd "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans.
3. What are the names of the parents of such child? — William and Maud Kendrick
4. Has said child any estate, or heir to any estate? — no.
5. Describe the estate, its location and value, including life insurance.
6. When and where did the parents of said child die? — Father, Nevada City, October 21st 1907
7. Where were said parents born. — California (Nevada City)
8. When were said parents married? — March 9th 1895
9. When did the parents come to California, and to this county? — Born here
10. Relation of applicant to child — Mother
11. Are either or both of said parents living? If so give place of residence. — Mother, Nevada City, Calif.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why. — Have no finances or means of support except what mother earns.
13. Who has charge and control of said child at the present time? — Mother
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Allowed for $10 per month Jan 2, 1912

REFERENCES: George Coughlan, E W. Badger, Thos. H Waters

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan. Apr.	2		30 -	30 -	442	Frank Kendrick. ✓
	Feb. July	2		30 -	30	766	Maud Kendrick ✓
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
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	Nov.						
	Dec.						
	Total						

ORDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
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	Sept.						
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
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Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Richard Treidder	10	7	M.	Michigan Aug 9, 1901	1st Jan 4 1912	1st by Julia Treidder
(2)	Emily Treidder	8	10	F.	" Mar 9 1903	2nd	2nd "
(3)	Alfrid Treidder	4	1	M.	Nevada Dec 24, 1907	3rd	3rd "
(4)	Myrtle Treidder	2	2	F.	" Nov 23 1909	4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans	Allowed for $ 15.00 per month
3.	What are the names of the parents of such children?	Richard and Julia Treidder	
4.	Has said children any estate, or heir to any estate?	no	
5.	Describe the estate, its location and value, including life insurance.	None	
6.	When and where did the parents of said children die?	Father at Goldfield, April 12, 1909	
7.	Where were said parents born.	Both in England	
8.	When were said parents married?	1887	
9.	When did the parents come to California, and to this county?	Father about 1897, Mother about 1 month	
10.	Relation of applicant to children	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother at Grass Valley Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Mother in straightened circumstances, in fact in debt.	
13.	Who has charge and control of said children at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	do not know.	

REFERENCES: W. D Harris, John Glasson, C E Clinch

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.	Apr. 2		—	—		
Feb.	July 2		-	-		
Mar.						
April						
May						
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Nov.						
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
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Oct.						
Nov.						
Dec.						
Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Beatrice Ebaugh	6	2	F	Nevada City Oct 28, 1905	1st Jan 4, 1912	1st by Josie Ebaugh
(2)	George Ebaugh	~~4~~	11	M	" " Feb 14, 1907	2nd	2nd "
(3)	Dalbey Ebaugh	2	6	M.	" " June 1909	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child[ren] orphan , half orphan or abandoned child.	Half Orphans	Allowed for $ 15.00 per month
3.	What are the names of the parents of such child[ren] ?	Dave and Josie Ebaugh	
4.	Has said child[ren] any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child[ren] die?	Father, Grass Valley Dec 7, 1917	
7.	Where were said parents born.	Nevada City, Cal	
8.	When were said parents married?	Oct 8, 1904	
9.	When did the parents come to California, and to this county?	—	
10.	Relation of applicant to child[ren]	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, living in Nevada City	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	Have nothing	
13.	Who has charge and control of said child at the present time?	Grandmother taking care of children while mother is working at hotel.	
14.	How much aid is necessary and how long will require it?		

REFERENCES: Gustave Frischer, W. B. Lallis, S Lee Lutes.

RDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan. Apr.	2		45 -	45 -	441	Mrs. Josie Ebaugh
	Feb. July	2		45 -	45 -	763	" "
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

RDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
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	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
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190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
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Apr.						
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Nov.						
Dec.						
Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	Place and Date of Birth	Date Application was Filed	Application Signed
(1)	Russell Wilson	7	2	m.	Grass Valley Nov 15/4 1904	1st Jan 6th 1912	1st by Jennie Wilson
(2)	Rolfe Wilson	7	7	m.	" " " 15/4 1904	2nd	2nd "
(3)	Carlton Wilson	5	7	m.	" " June 8 1906	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child ~~are~~ orphan , half orphan or abandoned child.	Half Orphans	Allowed for $ 15.00 per month
3.	What are the names of the parents of such child ~~are~~ ?	Thomas and Jennie Wilson	
4.	Has said child ~~are~~ any estate, or heir to any estate?	nothing to whatever	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child ~~are~~ die?	Father, January 2nd 1912	
7.	Where were said parents born.	Father England, Mother, California	
8.	When were said parents married?	October 17th 1903	
9.	When did the parents come to California, and to this county?	Father, 1896	
10.	Relation of applicant to child	Mother	
11.	Are either or both of said parents living? If so give place of residence.	Mother, Grass Valley, Cal.	
12.	State the financial condition of said living parent and whether or not able to support said child . If not, state why.	No finances or means of support	
13.	Who has charge and control of said child at the present time?	Mother	
14.	How much aid is necessary and how long will require it?	until such time as I can support them without aid	

REFERENCES: S. H. Dille, H. Williams, R. H. Williams

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan. Apr.	2		45 -	45 -	463	Jennie Wilson. ✓
Feb. July	2		45 -	45	907	Frank Steeb. ✓
Mar.						
April						
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190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
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Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
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Total						

190	Date of Aid	Kind of Aid Mdse.	Kind of Aid Cash	Amount	No. of Voucher	Who Receives the Order
Jan.						
Feb.						
Mar.						
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July						
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Nov.						
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Total						

Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Arzalli, ~~Mary~~ A.	7	10	F.	Nev City, May 10, 1904	1st Apr 1, 1912	1st by Jeanett Arzalli
(2)	" Alvin J.	5	11	M	" " Apr 08, 1906	2nd	2nd "
(3)	" Margaret	4	1	F.	" " Dec 15, 1908	3rd	3rd "
(4)	" Louis A.	3		M	" " Mar 9, 1909	4th	4th "
(5)						Date Aid Discontinued	
(6)							

		ANSWERS	REPORT OF INVESTIGATORS
2.	State whether the child orphan, half orphan or abandoned child.	Half Orphans.	Allowed Apr 1st, 20 per mo.
3.	What are the names of the parents of such child?	Antone + Jeanett Arzalli	
4.	Has said child any estate, or heir to any estate?	None.	
5.	Describe the estate, its location and value, including life insurance.		
6.	When and where did the parents of said child die?	Father Feb 16th, 1912 - Nev City.	
7.	Where were said parents born.	California.	
8.	When were said parents married?	Nev City Feb 14th, 1904	
9.	When did the parents come to California, and to this county?	Born here	
10.	Relation of applicant to child	Mother.	
11.	Are either or both of said parents living? If so give place of residence.	" Nevada Cty.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	Have no finances Mother.	
13.	Who has charge and control of said child at the present time?		
14.	How much aid is necessary and how long will require it?		

REFERENCES: Chas Eddy, D.W. Mitchell, Wm Avery

RDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan. July 2			60 -	60 -	762.	Jeanette Orjalli ✓
	Feb.						
	Mar.						
	April						
	May						
	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

RDER	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	April						
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	Sept.						
	Oct.						
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	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
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	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

	190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	NO. OF VOUCHER	WHO RECEIVES THE ORDER
	Jan.						
	Feb.						
	Mar.						
	Apr.						
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	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Total						

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Record of Orphans, Half Orphans, Etc., on State Aid.

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Polkinghorn, Amelia	9	5	F.	Nev City, Aug 4th, 1902	1st Apr 1st, 1912	1st by Jennie Polkinghorn
(2)	" Elizabeth	7	5	F.	" " Aug 23, 1904	2nd	2nd "
(3)	John S.	2	5	M.	" " Aug 7, 1909	3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	
(6)							

ANSWERS:

2. State whether the child orphan, half orphan or abandoned child. — Half Orphans
3. What are the names of the parents of such child? — John + Jennie Polkinghorn
4. Has said child any estate, or heir to any estate? — No estate - Life Ins of $2000.
5. Describe the estate, its location and value, including life insurance. — exausted - Polkinghorn sick for 2 years
6. When and where did the parents of said child die? — Father, Mar 19th 1912 - Nev City.
7. Where were said parents born. — " England - mother Canada.
8. When were said parents married? — June 21st, 1894 - Nevada City.
9. When did the parents come to California, and to this county? — Father - 1886 - mother - 1887
10. Relation of applicant to child — mother.
11. Are either or both of said parents living? If so give place of residence. — " Nev City.
12. State the financial condition of said living parent and whether or not able to support said child. If not, state why.
13. Who has charge and control of said child at the present time? — "
14. How much aid is necessary and how long will require it?

REPORT OF INVESTIGATORS

Allowed Apr 1st, $12 per mo.

REFERENCES: Chas Eddy - D.C. Morgan + C.R. Murchie.

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan ~~July~~ 2.			36 —	36 —	774	Mrs. J. Polkinghorn.
Feb. ~~July~~ 2						
Mar.						
April						
May						
June						
July						
Aug.						
Sept.						
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Total						

190	DATE OF AID	KIND OF AID Mdse.	KIND OF AID Cash	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
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